EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE AND ATTITUDE REGARDING CHILDBIRTH PREPARATION AMONG PRIMI MOTHERS IN SELECTED HOSPITALS AT DINDIGUL DISTRICT

A DISSERTATION SUBMITTED TO
THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI,
IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING.

APRIL– 2015

A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE AND ATTITUDE REGARDING CHILD BIRTH PREPARATION AMONG PRIMI MOTHERSS IN SELECTED HOSPITALS AT DINDIGUL DISTRICT.

Mrs.BENDANGNARO

A DISSERTATION SUBMITTED TO
THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI,
IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTERS OF SCIENCE IN NURSING

APRIL 2015

CERTIFICATE

This is a bonafide work of **Mrs.BENDANGNARO**.M.Sc(N)II Year Student from Sakthi college of Nursing, Dindigul, Tamilnadu, India, submitted in partial fulfilment for the Degree of Master of Science in Nursing under the Tamil Nadu Dr.M.G.R Medical University, Chennai.

Signature of the Principal _____

Prof.V.JANAHI DEVI, M.Sc (N).,

College Seal _____

A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE AND ATTITUDE REGARDING CHILD BIRTH PREPARATION AMONG PRIMI MOTHERS IN SELECTED HOSPITALS AT DINDIGUL DISTRICT.

1. RESEARCH GUIDE:_____

Prof.V.JANAHI DEVI, M.Sc (N).,
Principal,
Sakthi College Of Nursing,
Oddanchatram,
Dindigul. (DT)

2. CLINICAL GUIDE:_____

Asst.Prof.T.GANGA ESWARI,M.Sc(N),MBA(HM)
HOD,Obstetrics and Gynecological Nursing,
Sakthi College Of Nursing,
Oddanchatram,
Dindigul. (DT)

3. MEDICAL EXPERT : _____

Dr.PAUL EMMANUEL,M.B.B.S.,D.G.O,MD
HOD,Dept. of Obstetrics and Gynaecology,
Christian Fellowship Hospital,
Oddanchatram,
Dindigul,(DT)

CERTIFIED BONAFIDE WORK DONE BY

Mrs.BENDANGNARO

M.Sc(NURSING)II YEAR

SAKTHI COLLEGE OF NURSING, ODDANCHATRAM,

DINDIGUL.

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREEE OF MASTERS OF NURSING FROM THE TAMIL NADU Dr.MGR UNIVERSITY, CHENNAI.

EXAMINERS

1. **_____**

2. **_____**

ACKNOWLEDGEMENT

“He makes all things beautiful in His time”

This is one of my favorite verses, that speaks to me of how my Lord has led me to the completion of this thesis.

There were many hands who were behind in giving a shape to this research study, and to whom I would like to give a special mention.

I extend my heartfelt gratitude to our Chairman **Dr.K.Vembanan M.B.B.S., M.S.,** and our Vice-Chairman **Dr.K.GokilaVembanan M.B.B.S., D.G.O.,** for their encouragement and dedication for academic excellence and for giving continuous support and opportunity to complete this project successfully.

It is my duty to express my heartiest gratitude to **Prof.V.Janahi Devi, M.Sc(N),** Principal, Sakthi College of Nursing, for her constant enthusiastic support, motivational guidance, inspirational encouragement and novel ideas in shaping this project.

I express my heartfelt indebtedness and gratitude to my clinical guide **Asst.Prof.T.GangaEswari,M.Sc(N).,MBA(HM),** head of obstetrics and gynaecological department, for her constant diligent guidance and effort to bring out the best out of my project, her ever encouraging support, understanding personality and inspiring thoughts, that will be always remembered.

I extent my gratitude to **Asst.Prof.Shoba.E.Merina**,**M.Sc (N).,**head of Medical Surgical department and **Asst.Prof.Sumathi,M.Sc (N).,** head of Mental Health department, for their guidance and support throughout the making of this project.

I extended my appreciation and gratefullness to all **Faculty of Sakthi College of Nursing** for their timely encouragement and guidance.

I profusely thank all **Medical and Nursing Experts** who validated the content and tool, which helped to incorporate their views in this project.

I am grateful to **Mrs.Poongodi.,M.Sc,** librarian,Sakthi college of Nursing and special thanks to the librarian in C.S.I Jeyaraj Annapackiam college of nursing for extending their library facilities throughout the study.

I wish to communicate my appreciation and gratitude to **Mr.ManiKandan** Biostatistician for his guidance and help in backing the statistical analysis and presentation of data.

I express my special thanks to the **Medical Superintendent in C.F and K.R Hospitals**, district who granted me the permission to conduct the study and **the mothers** who participated in the study. Without their cooperation it would not have been possible to complete my study.

I extend my gratefulness to **Mrs. Sakthivel,M.A.,A.M.A.,M.ED.,** and **Mr.Edison.M.A.,MSc.,B.ED., M.Phil.,** whose editing, suggestions and precise sense of language were helpful in correction of grammar and presentation.

I express my thanksgiving and gratitude to my **Classmates and my juniors** for their constant help throughout the study.

My deepest gratitude to my husband **Mr.David Paul** who persuaded me to do postgraduate studies and his supportive presence and help all along in making this thesis a reality.

Above all I once again thank the Almighty God for showering His mercy and blessing on me.

ABSTRACT

A Study was conducted “To evaluate the effectiveness of video assisted teaching on knowledge and attitude regarding childbirth preparation among primi mothers in selected hospitals at Dindigul district” was done by **Bendangnaro** as a partial fulfilment of the requirement for the Degree of Master of science in Nursing to the Tamilnadu Dr.M.G.R. Medical University, Chennai during the year 2013-2015.

The objectives of the study were, to assess the pre test and post test level of knowledge and attitude on child birth preparation among primi mothers in the experimental and control group, to evaluate the effectiveness of video assised teaching on child birth preparation among primi mothers in the experimental group,to correlate the overall improvement in the level of knowledge and attitude of primi mothers on child birth preparation in the experimental group and to associate the knowledge and attitude on child birth preparation among primi mothers and their selected demographic variables.

In this study a quasi-experimental non-equivalent control group pretest-posttest design was adopted. Non probability convenience sampling technique was used to select 30 samples in experimental and 30 samples in control group. Self-administered structured questionnaire was used to collect the demographic variables and to assess knowledge on childbirth preparation and to assess the level of attitude a modified likert scale was used.

MAJOR FINDINGS OF THE STUDY:

- The mean score of knowledge and attitude in the post test were greater than the mean score of the pretest. The obtained “t-value” was highly significant at $P<0.05$ level.
- The relationship between the level of knowledge and attitude were found to have positive correlations (r=1.1) in the experimental group.
- There was no statistically significant association at the level of $P<0.05$ between knowledge of primi mothers and their selected demographic variables in the experimental group.
- There was statistically significant association at the level of $P<0.05$ between attitude of primi mothers and the level of education in the experimental group.
- There was statistically significant association at the level of $P<0.05$ between knowledge of primi mothers and their demographic variables like age and occupation of the mother in the control group.
- There was statically significant association at the level of $P<0.05$ between attitude and the level of education of primi mothers in the control group.

The above findings supported that the video assisted teaching helped to give adequate knowledge and develop favourable attitude regarding childbirth preparation among primi mothers

TABLE OF CONTENT

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

CHAPTER – I

INTRODUCTION

CHAPTER - I

INTRODUCTION

"When you change the way you view birth, the way you birth will change."

Marie Mongan

Children are God's gift to mankind. Children bring happiness in the family. Pregnancy and child birth is one of the greatest event in the life of a woman which she aspires and longs for with great expectation. She has fantasies about pregnancy and motherhood but when confronted with reality, many of them doubt their ability to cope with this great event. Child birth is a natural and universal phenomenon. Yet the knowledge of it among average women is haphazard, incomplete or distorted.

A woman generally has notion that child birth is unbearable pain. This is formed as a result of the tales heard during adolescence or later in life. The information she gets from gossip, media or fiction draws a picture of passive pain to which a woman has to submit in utter helplessness. A negative attitude during labor causes her entire body to tense up with fear and each contraction will become a signal of pain and therefore will result in pain. On the other hand, a trained woman can have a very positive attitude towards birth and may have a smooth and easy labor.

Women have a tradition of educating one another about pregnancy, labor and birth through "the women's network**"**, their mothers, sisters and female relatives. But with the growth of industrialization, the small rural communities and the tight women's network began to break down. The breakdown of the joint family system and the formation of the nuclear family system added to the destruction. The women now have to seek information from outside sources rather than their mothers, sisters and neighbours. This lead to the development of the child birth preparation classes.

Child birth preparation is defined as the provision of information and support to facilitate child birth and enhance an individual's ability to develop and perform the parental role (Bulechek, G. & Mc Closkey, J., 2010). Preparation for child birth provides the expectant couple with the means to cope effectively with the stress brought about by the last weeks of pregnancy and the birth of the baby. The central goal of child birth education is the reduction of anxiety and fear through the dissemination of accurate information.

Different childbirth educators have followed various methods of child birth preparation. The Bradley method was originated by Robert Bradley based on the premise that child birth is a joyful natural process and stresses the important role of the women's partner support during pregnancy and labor. During pregnancy the woman performs muscle-toning exercises and limits or omits foods that are hazardous. Pain is reduced in labor by abdominal breathing.

The psychosexual method was developed by Sheila Kitzinger. It includes a program of conscious relaxation and levels of progressive breathing that encourages the woman to flow with rather than struggle against contractions. The Dick-Read method is based on the premise that fear leads to tension which leads to pain. Breaking the chain can reduce the pain of contractions. The woman achieves relaxation by focusing on abdominal breathing during contractions.

The Lamez method of prepared child birth is based on gate control theory of pain relief. It focuses on reducing the perception of pain in labor by the use of the mind. Conscious relaxation is taught to deliberately relax the body to relieve tension, muscle strain and fatigue during labor. Controlled breathing at specific rates provides distraction and prevents the diaphragm from descending fully and putting pressure on

the expanding uterus. Effleurage, which is light abdominal strokes in a circular motion decreases transmission of sensory stimuli from the abdominal wall, thereby helping to limit local discomfort. (Pilliteri Adele, 2009).

Apart from these special considerations, child birth preparation classes educate the mother in various aspects of care during the last trimester as it is the crucial period for preparation for labor. During this period the mother has to concentrate more on her nutrition, clothing, travel, rest, activity, antenatal visit and fetal monitoring. Moreover she has to be prepared for delivery knowing the basic facts of how labor starts, progresses and leads to the delivery of the baby. During the last trimester, the mother has to take in a high protein, iron and calcium rich diet. The quality is more important than the quantity (Pregnancy health). The mother should always use a left lateral position while sleeping to prevent supine hypotension. It is good to sleep for at least 8 hours during the night and 2 hours during the day. A pregnant mother should always wear loose fitting cotton clothes, maintain good hygiene and avoid long travel. Antenatal visits during the last trimester are very important. The mother should visit the health care facility at least once a week in the last month. Remember to bring all the records of the previous visits and investigation reports (Park, 2009). Daily fetal monitoring by kick-count should be done to know about the fetal well-being. The mother should report to the health care facility immediately if there is less than 10 movements in 12 hours on 2 successive days or if no movement is perceived even before 12 hours in a single day.

The physiological transition from being a pregnant woman to being a mother means an enormous change for each woman both physically and psychologically. Lightening occurs signaling labor is at hand. In the ninth month, the mother should

prepare a separate kit with all the articles needed for labor including clothing for the mother and the baby, articles for hygienic care, records and reports of the previous visits and the necessary amount of money that is expected to be spent at the time of delivery. Labor pains may start at any time after the 9^{th} month. Preparing a kit beforehand makes it easier for the mother to seek the health care facility without delay.

Labor is described as the process by which the fetus, placenta and membranes are expelled through the birth canal. Women should have adequate information prior to labor to ensure comprehension of the changes it will bring. Normal labor occurs between 37 and 42 weeks of gestation. There are three cardinal signs that ensure the mother that labor has commenced .They are regular intermittent contractions of increasing intensity that causes pain in the lower abdomen radiating to the thighs and lower back accompanied or preceded by a blood stained mucous 'show'. Occasionally the membranes will also rupture. If any or all of the three signs are seen, the mother has to report to the health care facility immediately. Traditionally, labor progresses through four stages. The first stage is concerned with the preparation of the birth canal with increase in the quality of the uterine contractions, dilatation and taking up of the cervix and the formation of the lower uterine segment. The second stage begins with the complete dilatation of the cervix and ends with the expulsion of the fetus. The third stage comprises of the phase of placental separation, its descent to the lower segment and finally its expulsion with the membranes. The fourth stage is concerned with monitoring for complications. The mother expecting child birth should have a good knowledge of all these events to avoid alarming situations when faced with reality. (Carol. McCormick, 2013).

Pain during labor is considered to be the most unbearable, excruciating form of pain. But in reality, though it is a severe pain, its perception can be reduced by performing certain exercises during labor such as controlled breathing, effleurage and focused imagery. These exercises are taught during the child birth preparation classes so that the mother will familiarize with it and perform it during labor. A mother who is well prepared will be able to face child birth with confidence and many of the preventable complications can be identified early and can be prevented.

The aim of child birth preparation is to break the fear-tension-pain cycle through education, to enable the mothers to have a good, positive child birth experience and to reduce complications during labor.

NEED FOR THE STUDY

The health of mothers, infants and children is of critical importance, both as a reflection of the current health status of a large segment of the population and as a predictor of the health of the next generation (Healthy people 2010-US department of health and human services) .

According to the WHO, maternal mortality is currently estimated to be 5,29,000 deaths per year, a global ratio of 400 maternal deaths per 1,00,000 live births. Between 11 – 17 % of maternal deaths happen during child birth itself and 50-71% in the postpartum period. About 45% of the postpartum maternal deaths occur in the first 24 hours. (Park, 2009).

In India, the maternal mortality rate is 212 per 1, 00,000 live births. (WHO, 2013). The district level sample registration system survey of 2003 revealed that in Tamil Nadu, the MMR is 8.8% and in India it is overall 27.4% (Park, 2007). Many

mothers in India die due to hemorrhage (38%), obstructed labor (5%) and other conditions which can be prevented by giving proper education to the mother. Indian mothers are ignorant of the care they have to take during the antenatal period. They do not go for antenatal visits regularly, their diet is poor and they do not know certain important facts to be followed.

Guttmacher Institute and the International Institute for Population Sciences (IIPS) in Mumbai released news in Barriers to Safe Motherhood in India , released on July 31 2009 stating that Maternal Mortality Remains High in India, Despite Slow Decline. High levels of maternal mortality are especially tragic because deaths associated with pregnancy or childbirth is largely preventable by education and awareness. Hence antenatal advice becomes the priority in preventing maternal deaths.

Strauss, Richard, S., et al. (2014) conducted a retrospective study on the records of 10,696 mothers and found that low maternal weight gain in the second or third trimester increases the risk for intrauterine growth retardation. It was found that more than 50% of the mothers who had a poor weight gain during the last trimesters delivered babies with IUGR. Therefore it was recommended that the mothers should be educated on the aspects of diet during the last trimester.

Robert Woods (2008) has published in the Bulletin of the World Health Organization that in India the still birth rate was 39 per 10,000 births in the year 2000. The author suggests that most of these deaths can be prevented by identifying fetal compromise early. Teaching the mother to recognize it with the help of fetal

monitoring- kick count will help a lot. These studies stress on the need for an effective educational package for the mothers to know more on antenatal care and preparation for labor.

In the Indian context, child birth preparation classes are conducted but they do not reach the majority of the society. Only the high class members of the society gain access to it and are benefited. 76.2% of the Indian population is still in the rural areas. The mothers of these areas should also be benefited. The best route available is through the antenatal clinics. Thousands of women attend the antenatal clinics at the hospital. These mothers can be educated on child birth preparation.

The investigator has witnessed the antenatal mothers in the antenatal OPDs of the hospitals during her clinical experience and noted that the mothers were ignorant about child birth preparation. Many of them in the last trimester were unprepared for the great event of their lives. Many post natal mothers verbalized that their child birth experience was ‘terrible’. Hence the investigator felt that these mothers should be educated on child birth preparation so as to enable them to have a joyful and healthy child birth experience.

As a midwife, the investigator has undertaken the responsibility of providing a comprehensive, nonjudgmental educational package in the form of a video-show to the mothers on child birth preparation to enable them to be prepared and confidentially face the labor process and hence have a healthy baby without any complications.

STATEMENT OF THE PROBLEM

A quasi experimental study to evaluate the effectiveness of video assisted teaching on knowledge and attitude regarding child birth preparation among primi mothers in selected hospitals, at Dindigul district.

OBJECTIVES

1. To assess the pre-test and post test level of knowledge and attitude on child birth preparation among primi mothers in the experimental and control group.
2. To evaluate the effectiveness of video assisted teaching on childbirth preparation among primi mothers in experimental group.
3. To correlate the knowledge and attitude on childbirth preparation among primi mothers attending antenatal clinic.
4. To determine the association between knowledge of childbirth preparation among primi mothers and their selected demographic variables .
5. To determine the association between attitude of childbirth preparation among primi mothers and their selected demographic variables.

HYPOTHESES

H_1- The mean post test level of knowledge and attitude on childbirth preparation will be significantly higher among primi mothers in the experimental group than their pretest knowledge level.

H_{2-} The mean post test level of knowledge and attitude of primi mothers in the experimental group will be significantly higher than the control group.

H_3- There will be a significant association in between the knowledge and attitude of childbirth preparation among primi mothers and their selected demographic variables.

OPERATIONAL DEFINITION

Effectiveness

It refers to the improvement in the knowledge and a positive change in the attitude of primi mothers on child birth preparation, after administering video assisted teaching.

Video asissted teaching

In this study it refers to the systematic and organized compact disc prepared by the investigator using the advanced technologies of the audio and visual media to provide information to the antenatal mother, in the aspects of child birth preparation.

Child birth preparation

The preparation of the primi mothers during the last trimester in the aspects of diet, frequency of antenatal visits, fetal monitoring, physiology of labor, to prepare them both physically and psychologically in order to prepare them for labor and to facilitate the outcome of a healthy mother and child .

Knowledge

It refers to the awareness and the ability of the mothers to respond to questions that facilitate awareness among women regarding child birth preparation elicited by a structured questionnaire prepared by the investigator.

Attitude

It refers to the primi mothers' perception for the need for child birth preparation, assessed with a modified Likert's scale developed by the investigator & aid in the positive outcome of a healthy mother and child.

Primi mothers

The mothers who are pregnant for the first time and who are in the last trimester of pregnancy.

ASSUMPTION

1. Primi mothers may have some knowledge on child birth preparation.
2. A video assisted teaching may enhance their knowledge on child birth preparation.
3. Enhanced knowledge may create a positive attitude towards child birth preparation practices**.**

DELIMITATION

- The study was delimited to a period of 6 weeks.
- The study was limited to primi mothers in the last trimesters.
- The study was limited to selected hospitals at Dindigul district.

PROJECTED OUTCOME

- The study will improve the level knowledge regarding childbirth preparation among primi mothers.
- The video assisted teaching will be able to promote positive attitude regarding childbirth preparation among primi mothers.

CHAPTER - II

REVIEW OF LITERATURE

CHAPTER - II

REVIEW OF LITERATURE

Literature review is a systematic search of a published work to gain information about a research topic

(Polit & Beck, 2010)

Conducting a review of literature is a challenging and enlightening experience. The task of review of literature involves the identification, selection, critical analysis and reporting of existing information on the topic of interest. Through the review the researcher generates a picture of what is known about a particular situation and the knowledge gap that exists between the problem statement and the research subject and lays the foundation for the research plan.

The investigator intended to review the literature available on child birth preparation using both research and non-research articles. The purpose of the review is to get a comprehensive knowledge base about child birth preparation and the effectiveness it has on the knowledge and attitude of primi mothers.

The review of literature for the study is organized under the following sections;

-Studies related to the knowledge of mothers on child birth preparation.

-Studies related to the attitude of mothers on child birth preparation.

-Studies related to preparation for relaxation during labor.

- Studies related to the effectiveness of child birth preparation classes

-General studies on child birth preparation.

STUDIES RELATED TO THE KNOWLEDGE OF MOTHERS ON CHILDBIRTH PREPARATION.

Kaso.M et al(2014) conducted a community based cross sectional study to assess knowledge and practices towards birth preparedness and complication readiness and associated factors among 575 women of reproductive age group (15-49). Preparation for birth and its complication was higher among educated mothers (95%).ANC visit (95%), knowledge of obstetric complications (95%) and those who had given birth at health facility before their last delivery (95%) were also significantly associated with birth preparedness and complication readiness.The study identified that community education about preparation for birth and its complication and empowerment of women through expansion of educational opportunities are important steps in improving birth preparedness.

Goli,S et al (2013) conducted a survey to assess the birth preparedness and its effects on place of delivery and postnatal check ups among primi and multi gravid mothers. The researcher found that only 32% of women have birth preparedness. The women who were well prepared belong to higher age group(45%), higher education(35%) and with higher women autonomy(86%). The conclusion of the survey was that birth preparedness is one of the critical factors in determining the likelihood of having institutional delivery and check ups after delivery.

Sia D et al(2013) conducted a multilevel survey study on birth preparedness in antenatal care and its effects of health center characterizes among 464 women in 30 centers. The investigator reporter that 72% women received advice on institutional deliveries, 55% women received on signs of danger, 38% cost of institutional

deliveries and 12% of transportation in the event of emergency. The investigator concluded that efforts should be made to reach women with birth preparedness messages.

Malathi, D (2008) conducted a descriptive study to assess the knowledge and attitude on child birth preparation and the factors promoting and depromoting the utility of service among 100 primigravid mothers. The investigator found that most of the mothers 51% had moderately adequate knowledge and 64% of them had moderately favorable attitude. The conclusion was that child birth preparation classes enhance the knowledge of mothers.

Alehagen, S., et al (2005) conducted an exploratory study to investigate the course of fear, pain and stress hormones during labor among 350 antenatal mothers. The results showed that for majority of the mothers 190(66%) course of fear, pain and concentrations of stress hormones differed throughout labor and it was highly influenced by the knowledge the mothers had on labor and the rest 160 mothers (44%) were not at all effected at all. Higher the knowledge(70%), lower was the fear and stress(30%) level. The researcher concluded that proper education and relaxation can reduce the fear-pain cycle of labor.

Hallegun, A., et al (2005) conducted a study on women's perception of child birth and child birth education before and after education and birth among 250 antenatal mothers. The researcher found that one of the factors that contributed to a negative child birth experience was lack of inconsistent information. The result of the findings were majority of the 180 mothers (75%) had increased knowledge and 70 mothers had increased knowledge of (88%) about child birth and experiences of confirmation during child birth contributed to a better experience than expected. The conclusion of the study was that increased knowledge enhances a better experience of birth.

STUDIES RELATED TO ATTITUDE OF PRIMI MOTHERS ON CHILDBIRTH PREPARATION

Lukasse M et al(2014) conducted a cross-sectional study to examine the prevalence and associated factors of fear of childbirth among 6970 pregnant women in 6 European countries. The main result of the study reported women with severe fear of childbirth of 11%, 11.4% in primiparous and 11% among multiparous women. The study concluded that fear of childbirth appears to be an international phenomenon, existing with similar proportion in the participating countries.

Nieminen, K. (2009) conducted a cross-sectional study to investigate women's level of antenatal fear of childbirth at various gestational ages, and factors associated with intense fear among 1635 pregnant women. The main outcome measures were the level of fear of childbirth among the women were fear of unknown which accounted for 70% of all the fear 850(55%) mothers had intense fear 450(30%) mothers had moderate fear and 335(15%) had mild fear. The study concluded that the level of fear of childbirth was not associated with the gestational age but a negative attitude towards labor and safe child birth was associated with reduced fear.

Salomonsson, B. (2008) conducted a qualitative study with a phenomenographic approach to describe midwives' experiences with and perception of women with fear of childbirth. The study included 400 primi mothers.The key conclusion was fear of childbirth is seen as a continuum from normal(10%) to irrational fears(20%) , and severe fear(70&) almost with the majority of the mothers . The midwives who educated the mothers to create a positive attitude found that the

mothers expressed decreased pain perception during labor. The researcher concluded that the fear of child birth can be reduced by giving child birth educational programme.

Murira, N. (2007) conducted an experimental study with the aim to assess the effect of a new antenatal care (ANC) program on the attitude of pregnant women and midwives towards antenatal care. 200 pregnant women and 65 midwives were included in the study. Tth findings of the study were (40%) of mothers had unfavorable attitude, (40%) of mothers had moderately favorable attitude and (20%) of mothers had favorable attitude. The midwives had 70% moderately attitude and 30% favorable attitude. The researcher concluded that the antenatal care program was effective in creating a positive attitude of pregnant women(80%) and midwives(85%) towards antenatal care and this motivated the mothers to come for regular antenatal check up.

Waldenstrom, U. (2006) conducted a prospective study using between-group comparisons to investigate the prevalence of fear of childbirth and its association with overall experience of childbirth with a sample of 2,662 women. The results revealed that 97 women (3.6%) had very negative feelings and subsequently underwent counseling. In addition, 193 women (7.2%) who initially had positive feelings underwent counseling later in pregnancy. Very negative feelings without counseling were associated with a negative birth experience. The conclusion was that at least 10% of pregnant women suffer from fear of childbirth and counseling on child birth preparation can help in enhancing a positive experience of childbirth.

STUDIES RELATED TO THE PREPARATION FOR RELAXATION DURING LABOUR

Werner A et al(2013) conducted a randomized, controlled, single-blinded trial, among 1,222 healthy nulliparous women who were allocated to one of three groups during pregnancy. A hypnosis group participating in three 1-hour sessions teaching self-hypnosis to ease childbirth, a relaxation group receiving three 1-hour lessons in various relaxation methods and Mindfulness, and a usual care group receiving ordinary antenatal care only.The study analysis indicated that women(90%) in the hypnosis group experienced their childbirth as better compared with the other two groups (mean score of 42.9 in the Hypnosis group, 47.2 in the Relaxation group, and 47.5 in the Care as usual group($p = 0.01$)). The tendency toward a better childbirth experience in the hypnosis group was also seen in subgroup analyses for mode of delivery and for levels of fear.

Phipps, H. (2009) conducted an experimental study to test the effectiveness of structured antenatal education for pushing in the second stage of labor versus normal care and its impact on delivery outcome on 100 primi mothers between 35 and 37 weeks gestation. Two 15-min structured education sessions, one week apart, utilizing observation of the perineum and a vaginal examination to teach correct technique for relaxing the levator ani muscle and effective pushing was conducted. The results showed that knowledge of women in the intervention group was increased to 80% and the majority of women found the educational sessions helpful. There was a measurable qualitative effect from the intervention in that women clearly felt the education sessions to be helpful.

STUDIES RELATED TO THE EFFECTIVENESS OF CHILDBITH PREPARATION CLASS

Crowe, K. et al (2013) examined the knowledge of child birth fears regarding pregnancy, anxiety, expectation of pain and confidence inability to control pain as possible predictors of positive child birth experience through an exploratory study on 30 primi parous mothers. Self-reports of these variables were collected from them who enrolled in prenatal courses. It was found that those who demonstrated greater knowledge(88%) of child birth and higher confidence(77%) after classes subsequently reported less painful child birth.

Lauzon, L., Hodnett, E.D. (2012) conducted a specific program designed to teach women to recognize active labor in a view that it may be beneficial by potentially decreasing the incidence of early admission to hospital, increasing women's confidence, feelings of control and empowerment, and decreasing their anxiety in a study involving 245 women. The result was that the specific antenatal education program was associated with a reduction in the mean number of visits to the labor suite before the onset of labor majority of the mothers(67%). This showed the effectiveness of prenatal classes for child birth preparation.

Gagnon, A.J, Sandall, J .(2010) conducted a study to assess the effects of antenatal education on knowledge acquisition, anxiety reduction, sense of control, pain control in labor and birth support, and psychological and social adjustment through a Cochrane database review. Nine trials, involving 2284 women, were included. Educational interventions were the focus of the studies. The result was that the largest of the included studies examined an educational and social support

intervention to increase vaginal birth. This showed that the effects of general antenatal education for childbirth or parenthood, or both, remain positive and improve their knowledge acquisition(74%) , anxiety reduction(67%) to enable to have a posiive attitude towards vaginal delivery.

Bergstrom, M., et al (2009) studied on the effects of natural childbirth preparation versus standard antenatal education on experience of childbirth and parental stress in mothers and fathers through a randomized controlled multicentre trial on a sample of 1087 nulliparous women and 1064 of their partners. The methods were natural antenatal education focusing on natural childbirth preparation with training in psycho prophylaxis. Standard antenatal education focused on both childbirth and parenthood, without psycho prophylactic training. The results showed that there was no statistically significant difference in the experience of childbirth or parental stress between the randomized groups, either in women or men. The study concluded that the natural childbirth preparation including training in breathing and relaxation improved the birth experience compared with a standard form of antenatal education.

Tang C.S (2009) conducted an experimental study to test the effectiveness of an educational intervention to promote women's self-efficacy for childbirth and coping ability in reducing anxiety and pain during labor among 90 primi mothers. The results showed that the experimental group demonstrated higher levels of self-efficacy(89%), lower perceived anxiety(34%) in early stage pain and greater performance of coping behavior during labor. Hence the investigator was motivated to find the effectiveness of child birth education on the knowledge and attitude of primi mothers.

Sharma, S. et al (2008) conducted an experimental study to see the effect of psycho-educational program related to labor and delivery on primigravidas' level of anxiety during their third trimester among 100 mothers. The researcher found that there was a significant difference between the pre and post intervention level of anxiety at $p<.01$ level. The mothers anxiety reduced from 89% to as low as 30% which was very significant and emphasized the importance of education before labour and delivery,

Radikha Jayakumar, Rosily Nirmal. (2006) conducted a pre-experimental study to assess the effectiveness of planned teaching program on antenatal mothers attending antenatal clinics among 40 primi mothers. The mothers showed an improvement in their knowledge from 45% to 87%The findings showed a significant difference between the pre and post test knowledge with a't' value of 6.085, significant at $p<0.05$ level sidnifying that the antenatal teachings are effective menas of educating the antenatal mothers.

Shih HC (2005) studied the effectiveness of the video-based Lamaze method on prenatal mothers' knowledge, attitudes, and practice. The results showed that the video-based Lamaze method promotes the knowledge (78%), attitudes(85%), and practice (70%) of prenatal mothers in relation to giving birth more effectively than traditional guidelines. The use of this method in conjunction with traditional nursing guidelines may be even more effective in relation to maternal attitude.

Mackey, M. C (2005) undertook a study on the women's evaluation of their child birth performance among 60 mothers who were Lamaze prepared. It was reported that the women (78%) confirmed the notion that they had important work to do. They identified their own performance as one of the most important component of

the child birth experience and evaluated their child birth performance as managing well (45%), having difficulty (35%) and managing poorly (20%). They have mentioned the usefulness of Lamaze in preparing them for labor.

Mehdizadeh, A., et al (2005) carried out a randomized clinical trial study on 200 primigravid women younger than age 35 years with gestational age of 20 weeks, to evaluate the impact of birth preparation courses on the health of the mother and the newborn. Birth preparation classes were introduced to the trial group in eight sessions during pregnancy, whereas the control group received only routine care. Mothers in the trial group suffered from back(56%) and pelvic pain(45%) and headache (67%) significantly less often than mothers in the control group. Thus it was concluded that antenatal preparation could play a major role in the health of the mother and new born during labor and postpartum.

Fabian, H. M., et al (2005) conducted a study to investigate first-time mothers' views about antenatal childbirth and parenthood education with respect to the experience of pain, mode of delivery, duration of breastfeeding, and assessment of parental skills. The result showed that 74% of first-time mothers stated that antenatal education helped prepare them for childbirth, and 40% for early parenthood. Thus the researcher concluded that antenatal child birth and parenthood preparation was effective and should be included as a routine part of an antenatal check-up.

GENERAL STUDIES ON CHILD BIRTH PREPARATION

Waldenstrom, U. (20012) conducted a study to investigate attendance at parental education classes and to identify factors associated with non-attendance in primiparous women. Factors associated with non-attendance in primiparas were: classes taken in languages other than the native language, a low level of education(63%), inconvenient timing of pregnancy classes(45%), feelings of loneliness(33%) and isolation(55%). Parental education classes organized by the community health centers did not reach women who were more disadvantaged in terms of socio-demographic background. Thus teaching should be made in such a way that it reaches to all the sectors of the community

Munjanja, S .P., et al (2009) conducted a study with the aim of evaluating how health education is currently practiced in the antenatal clinics and to make recommendations for its improvement among 100 pregnant women and 65 midwives. The timing, frequency and methods used in health education and the attitude of the pregnant mothers and staff to health education were assessed. It concluded that the lecture is not the most appropriate method of health education during pregnancy and greater use should be made of other methods of communication such as the mass media and pamphlets.

The review of literature has helped the investigator to gain broader knowledge on child birth preparation, to formulate the tool, prepare the video assisted compact disc and to conduct the study in the right direction. It has served as a pathway to proceed with the study.

CONCEPTUAL FRAMEWORK

A conceptual framework can be defined as a set of concept and assumptions that integrate them into a meaningful configuration **(Polit and Beck 2010).**

A conceptual framework facilitates communication and provides systematic approach to nursing research, educational status, administration and practice.

The conceptual framework selected for this project was Wiedenbach's Helping Art Model for Clinical Practices (1964).It consists of three factors central purpose, prescription, and realities of the situation.

1) CENTRAL PURPOSE:

It refers to what the nurse want to accomplish. It is an overall goal towards which a nurse strives.

In this study the central purposes of the researcher is to improve the knowledge and attitude about child birth preparation among primi mothers.

2) PRESCRIPTION:

It refers to plan of care for a client. It will specify the nature of action that will fulfill the nurse central purpose.

In this study, prescription is administering video assisted teaching on child birth preparation to the primi mothers.

3) REALITY:

It refers to the physical, psychological, emotional and spiritual factors that come into play in a situation involving nursing actions.

The five realities identified by Wiedenbach are agent, recipient, goal, means and framework.

The conceptualization of nursing practice according to this theory consists of three steps as follows,

- Step-I: Identifying the need for help
- Step II: Ministering the needed help
- Step III: Validating that the need for help was met.

STEP-I: IDENTIFYING THE NEED FOR HELP

The investigator identified the need to improve the knowledge and attitude regarding childbirth preparation among primi mothers by administering video assisted teaching on child birth preparation.

STEP II: MINISTERING THE NEEDED HELP

After identifying the need to improve the knowledge and attitude among the primi mothers, video assisted teaching on child birth preparation was administered.

- **Agent:** Investigator
- **Recipient:** Primi mothers after 30 weeks of gestation
- **Goal:** Assessment of Knowledge and Attitude
- **Mean activities:** Administering video assisted teaching on child birth preparation
- **Framework:** KR and CF Hospitals in Dindigul District, Tamil Nadu.

STEP III: VALIDATING THAT THE NEED FOR HELP WAS MET

It is accomplished by means of post test on assessment of knowledge and attitude among primi mothers by using structured self administered questionnaire and modified likert scale. The pretest and posttest on knowledge and attitude will be compared. The effectiveness of video assisted teaching was observed in the experimental group by showing improvement in the knowledge and attitude, whereas no significant change will be observed in the control group.

.

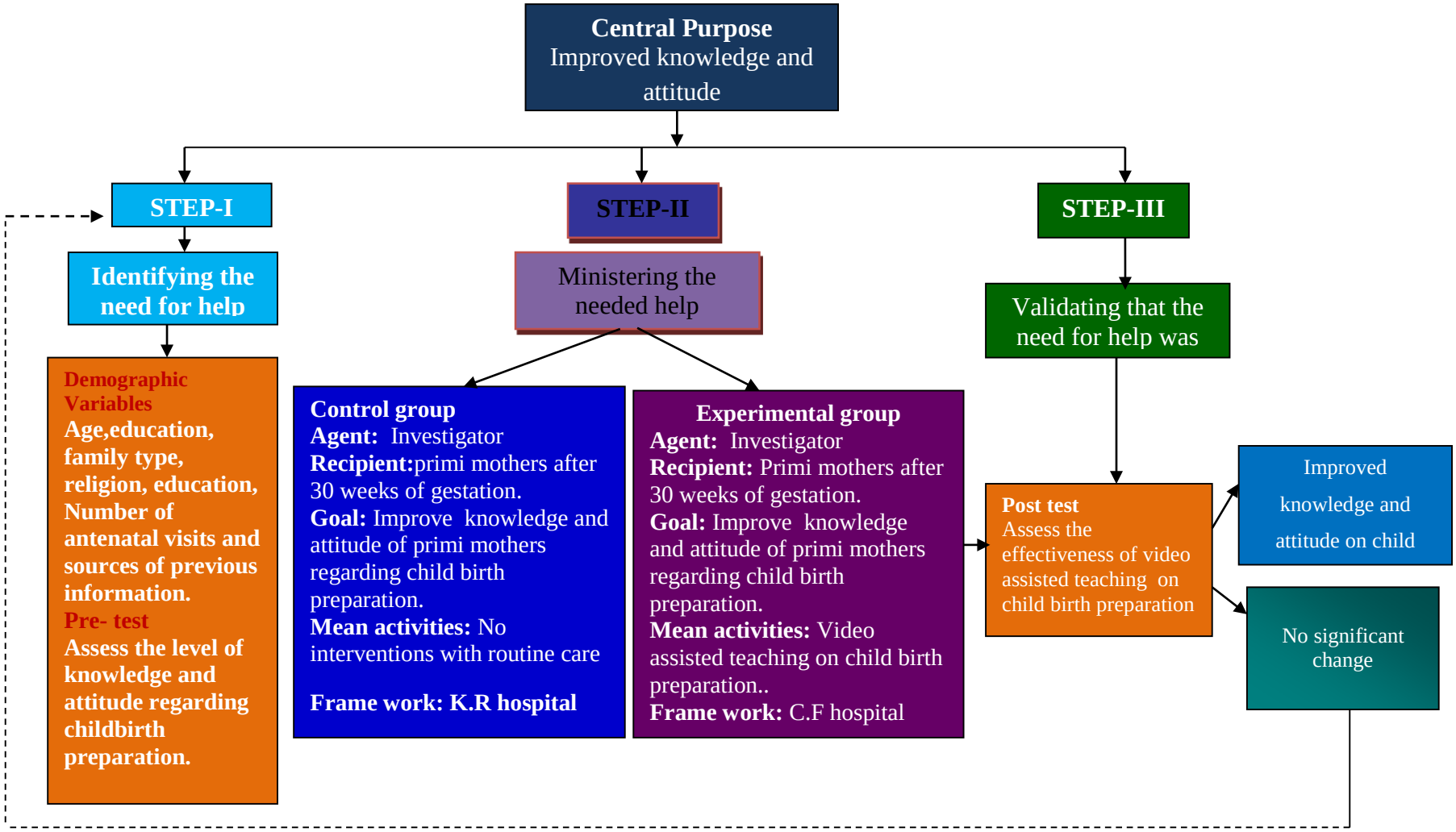

Figure 1. Conceptual Frame Work Based on Wiedenbach's Helping Art of Clinical Nursing Theory (1964)

CHAPTER – III

METHODOLOGY

CHAPTER - III

RESEARCH METHODOLOGY

Research methodology is the research designed to develop or refine methods of obtaining, organizing, or analyzing data

(Polit & Beck 2010)

.

This phase of study included selecting a research design, variables, setting of the study, population, sample, inclusive and exclusive criteria for sample selection, sample size, sampling technique, development and description of the tool, content validity, pilot study, reliability, and procedure for data collection and plan for data analysis.

RESEARCH APPROACH

Quantitative research approach is essentially about collecting numerical data to explain a particular phenomenon, particular questions that seem immediately suited to being answered using quantitative methods. The quantitative research approach was used for the present study.

RESEARCH DESIGN

Quasi experimental design involves the manipulation of an independent variable that is an intervention. Quasi experimental design lacks randomization, the signature of a true experiment.

(Polit & Beck 2010).

To achieve the objective of the study the research design selected was ‘quasi experimental pretest – post test design’.

Group	Pretest	Intervention	Post test
Experimental	O_1	X	O_2
Control	O_1	-	O_2

Key:

O_2- O_1 - Effect of video assisted teaching.

O_1 - Assess the knowledge & attitude of primi mothers on child birth preparation before video assisted teaching(Pretest)

X - Intervention(Video assisted teaching on child birth preparation).

O_2 - Assess the knowledge & attitude of primi mothers on child birth preparation after video assisted teaching(Post test)

VARIABLES OF THE STUDY

Independent variable

Video assisted teaching on child birth preparation.

Dependent variable

Knowledge and attitude of primi mothers regarding child birth preparation.

Extraneous variables

Age, education, family type, religion, occupation, number of antenatal visits and source of previous information were the extraneous variables.

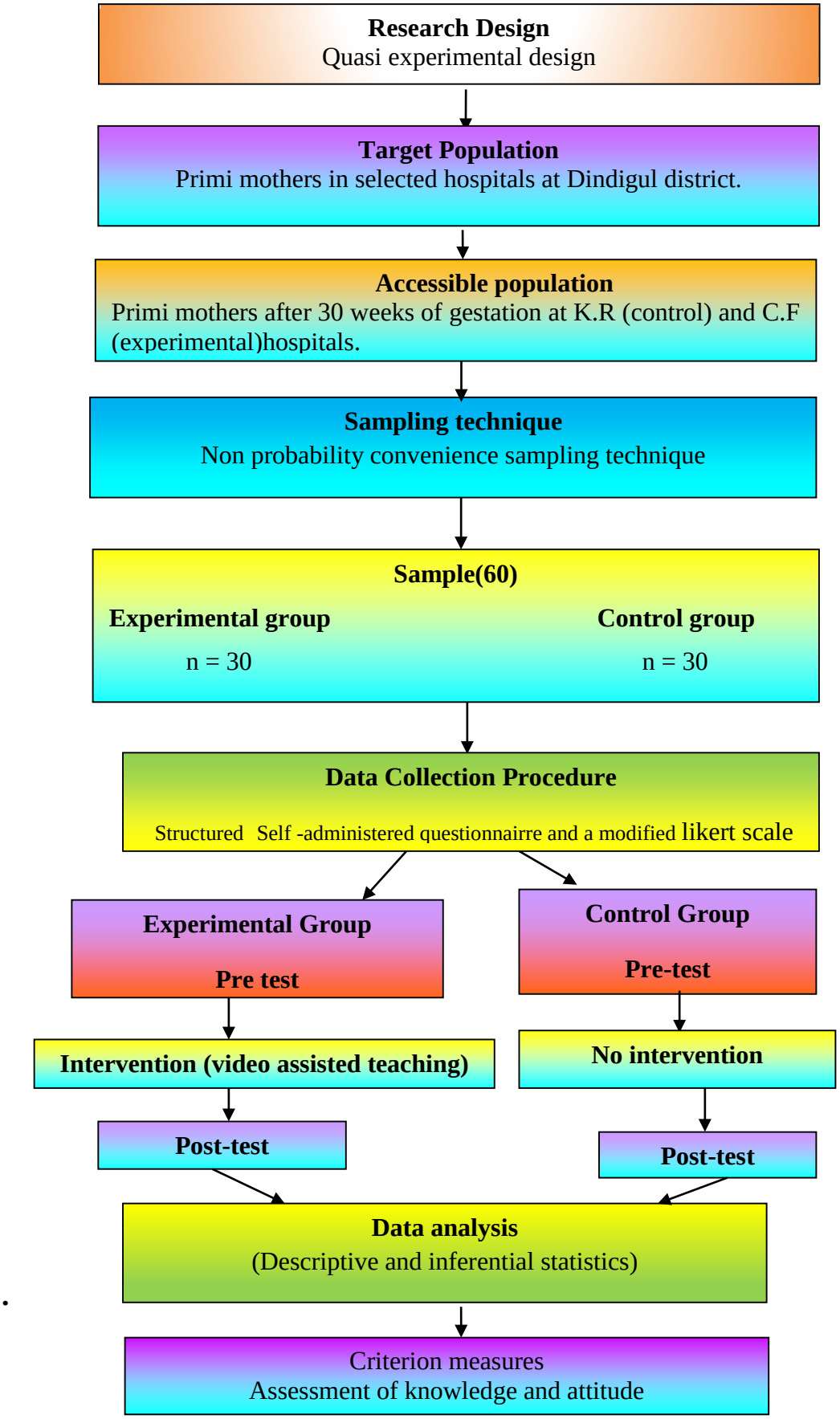

Figure 2.Schematic Representation of Research methodology.

SETTING OF THE STUDY

Setting is the general location and condition in which data collection takes place for the study.

(Polit and Beck, 2010)

The setting of the study selected was the antenatal clinic at C.F Hospital and K.R Hospital at Dindigul district located 10 Km away from the Sakthi college of nursing. The antenatal attendance was 100-150 mothers per week of which 30-50 were primi mothers.

POPULATION

The population is defined as the entire set of individuals or objects having common characteristics sometimes called universe.

(Polit and Beck, 2010)

The population for the study included all the primi antenatal mothers after 30 weeks of gestation, who attended the antenatal clinic.

SAMPLE

A subset of a population, selected to participate in a study.

(Polit and Beck, 2010)

The sample selected for the present study was 60 primi gravida women from the selected hospitals at Dindigul district.

SAMPLE SIZE

A sample of 60 antenatal mothers who fulfilled the criteria were selected - 30 for the experimental group and 30 for the control group.

CRITERIA FOR SAMPLE SELECTION

The antenatal mothers who satisfied the following criteria were selected for the study.

Inclusion criteria

- Women who are pregnant for the first time.
- Primi mothers who are regularly attending the antenatal clinic.
- Primi mothers from 30 weeks of gestation up to term.

Exclusion criteria

- Mothers who have had medical problems.
- Mothers who have attended child birth preparation classes.
- Mothers who are not available during data collection period.

SAMPLING TECHNIQUE

The investigator used purposive convenient sampling technique to select the samples. Totally 60 mothers were selected according to the criteria. The mothers (30) who fulfilled the inclusion criteria and attended the antenatal clinic at K.R hospital were assigned to control group. The mothers (30) who fulfilled the inclusion criteria and attended the C.F Hospital were assigned to experimental group.

DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool was constructed after extensive review of literature and consultation with medical and nursing experts. The tool comprised of four parts:

PART I

This comprises of the demographic variables like age, education, family type, religion, occupation, number of antenatal visits, and previous source of knowledge.

PART II

It consisted of a structured self- administered questionnaire of 30 items to assess the knowledge. The questions were on the following areas:

General information	- 10 items.
Preparation for labour	- 5 items.
Normal physiology of labour	- 7 items.
Pain management during labour	- 3 items.

PART III

It consisted of a three point modified Likert scale of 10 items to assess the attitude of the primi antenatal mothers towards child birth preparation of which 5 items were positive and 5 items were negative statement.

PART IV

It consisted of a video to educate the mothers in the experimental group on child birth preparation. A video compact disc was prepared to provide information to the primi mothers in the last trimester on the aspects of maternal nutrition, general care such as clothing, travel, rest, activity, importance of antenatal visits, fetal monitoring by kick-count, preparation for delivery, normal physiology of labor, identification of onset of labor and the immediate action to be taken, relaxation and breathing during labor and the preparation of the family for child birth.

SCORING KEY FOR ASSESSING OF THE KNOWLEDGE

Consisted of multiple choice questions to assess the knowledge. Total score was “30”. Scoring for the correct answer was “1” and “0” for wrong answer.

LEVEL OF KNOWLEDGE

>76% - adequate knowledge

51-75 % - moderately adequate knowledge

<50% - inadequate knowledge

SCORING KEY FOR ASSESSING OF THE ATTITUDE

S.No	Items	Strongly agree	Agree	Disagree
1.	Positive	3	2	1
2.	Negative	1	2	3

LEVEL OF ATTITUDE

>76% - highly favorable attitude

51-75 % - moderately favorable attitude

< 50 % - unfavorable attitude

VALIDITY & RELIABILITY

Validity is the degree to which an instrument measures what it is intended to measure.

(Polit and Beck, 2010)

Content validity of the tool was obtained from 2 medical experts and 5 nursing experts in the field of obstetrics and gynecology. As per the consensus of the experts, the tool was modified. The number of items in the questionnaire was increased to 30 and in the likert scale was reduced to 10 items. Some minor corrections were also made and the tool was finalized.

RELIABILITY OF THE TOOL

Reliability denotes the degree of consistency or dependability with which an instrument measures an attribute.

(Polit and Beck, 2010)

The reliability of the structured questionnaire was established by using test-retest method. The r value was 0.9. Reliability of the three point likert scale to assess the attitude was established using split-half method. The 'r' value was 0.8.It was found to be highly reliable. Hence the tool was considered reliable to proceed with the main study.

PILOT STUDY

A pilot study is defined as a small scale version, or trial run, done in preparation for a major study.

(Polit and Beck, 2010)

The pilot study was conducted after receiving permission from the medical officer, at Uma Ramanathan hospital and Amman Hospital. The investigator selected 6 samples (3 experimental and 3 control group) from the primi antenatal mothers attending the antenatal clinic in Uma Ramanathan hospital and Amman Hospital. The data were analyszed by using inferential and descriptive statistics.

DATA COLLECTION PROCEDURE

A formal permission was obtained from the Medical Superintendent C.F hospitat and K.R hospital. The investigator selected 60 samples (30 experimental and 30 control group) from the primi antenatal mothers attending the antenatal clinic, who fulfilled the inclusion criteria using convenient sampling technique. The data for the

study was collected within the period of 4 weeks. The investigator worked from 8am – 4 pm for 3 days a week covering 10 mothers a day during the data collection period.

Brief information about self and the purpose of the study was explained to the mothers. They were made to sit comfortably in a well-ventilated room and confidentiality regarding the data was assured so as to get their co-operation during data collection. After getting their consent, data collection was carried out using the structured self- administered questionnaire to assess the knowledge and 3 point Likert scale was used to assess the attitude. After the completion of the pre test data collection, the mothers in the experimental group were gathered in the waiting hall and made to sit comfortably. A brief introduction was given about the investigator. The video package on child birth preparation in the form of a video-show was administered. At the end the doubts of the mothers were made clear. After 7 days, post test was conducted by using the same structured self-administered questionnaire and modified Likert scale in both the experimental and control group.

Weeks	**Activity**	**Samples**	
		Control group	Experimental group
1st week	Pre test	30 samples	-
2nd week	Post test	30 samples	-
3rd week	Pre test-intervention	-	30 samples
4th week	Post test	-	30 samples

PLAN FOR DATA ANALYSIS

The statistical method used for analysis were descriptive and inferential statistics. Frequency and percentage distribution were used to describe the demographic data. Mean and standard deviation were used to assess the pre and post test level of knowledge and attitude of the mothers were used for descriptive analysis.

Inferential statistics of paired “t” test and unpaired “t” test was used to evaluate the effectiveness of video assisted teaching on child birth preparation among primi mothers. Karl Pearson correlation coefficient ‘r’ was used to correlate the knowledge and attitude. Chi square test was used to associate between the knowledge and attitude and their selected demographic variables.

PROTECTION OF HUMAN RIGHTS

The permission for the study was obtained from the Medical Superintendent of the K.R and Christian Fellowship hospitals. Following which concern doctors and staff permission was taken prior to proceed with the conduction of the study.

An informed oral consent was obtained from the respondents after giving proper explanation about the purpose, usefulness and implication of the study to get full cooperation. Assurance was given to all the mothers about the confidentiality of their response.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data related to the effectiveness of video assisted teaching on child birth preparation on knowledge and attitude among primi mothers attending the antenatal clinic in selected hospitals at Dindigul district.

Descriptive and inferential statistics were used to analyze the data based on the objectives of the study. The data has been organized and tabulated as follows:

ORGANIZATION OF DATA:

Section I : Data on the demographic variables of the mothers in the experimental and control group.

Section II : Data on the assessment of knowledge and attitude on child birth preparation in the experimental and control group.

Section III : Data on the effectiveness of video assisted teaching on childbirth preparation in the experimental group.

Section IV : Data on correlation of knowledge and attitude on child birth preparation in the experimental group.

Section V : Data on the association between knowledge and attitude on child birth preparation and their selected demographic variables.

Section I : Data on demographic variables of primi mothers on child birth preparation.

Table 1:1 :- Frequency and percentage distribution of primi mothers according to their selected demographic variables.

N=30+30

S.N.	Demographic Variables	Experimental Group		Control Group	
		No.	%	No.	%
1.	**Age**				
	a) <20 yrs	5	16.7	3	10
	b) 21-25 yrs.	11	36.7	15	50
	c) 26-30 yrs	12	40	8	26.7
	d) >31 yrs	2	6.6	4	13.3
2.	**Education**				
	a) Iliterate	5	16.7	-	-
	b) Primary	3	10	8	26.7
	c) Secondary school	4	13.3	1	3.3
	d) Higher secondary school & above	18	60	21	70
3.	**Type of family**				
	a) Nuclear	15	50	15	50
	b) Joint	15	50	15	50
	c) Single mother	-	-	-	-
	d) Widow	-	-	-	-
4.	**Religion**				
	a) Hindu	20	66.7	25	83.3
	b) Muslim	7	23.3	3	10
	c) Christian	3	10	2	6.7
	d) Others	-	-	-	-
5.	**Occupation**				
	a) Housewife	16	53.3	26	86.7
	b) Coolie worker	7	23.3	-	-
	c) Skilled worker	3	10	-	-
	d) Professional worker	4	13.4	4	13.3
6.	**Number of antenatal visits**				
	a) First visit	-	-	6	20
	b) 2-4 visits	19	63.3	11	36.7
	c) 4-6 visits	3	10	4	13.3
	d) > 6 visits	8	26.7	9	30
7.	**Source of previous information**				
	a) Health care worker	-	-	-	-
	b) Family and peers	14	46.7	27	90
	c) Mass media	13	43.3	3	10
	d) Others	3	10	-	-

EXPERIMENTAL GROUP:

The above table showed that among 30 samples, with regards to **age** 5(16.7%) mothers were <20 years, 11(36.7%) were belongs to 21-25 years, 12(40%) were belongs to 26-30 years and 2(6.6%) were belongs to >31years .

Regarding **Education**, 5(16.7%) mothers were illiterate, 3(10%) of them had primary school education, 4(13.3%) of them had secondary education, and 18(60%) of them had higher secondary education and above.

In relation to **type of family** 15(50%) of the mothers were from nuclear family and 15(50%) of the mothers were froms joint family.

Regarding **religion** 20(66.7%) were Hindus, 7(23.3%) were Muslims and 3(10%) were Christians..

With regards to **occupation** 16(53.3%) were housewives, 7(23.3%) were coolie workers, 3(10%) were skilled workers and 4(13.4%) were professional workers.

With regard to **antenatal visits** none of them came for their first visits, 19(63.3%) came for their 2-4 visits, 3(10%) came for their 4-6 visits and 8(26.7%) had > 6 visits.

With regard to **previous source of information** none of the mothers received information from the health workers, 14(46.7%) received from family, 13(43.3%) received from mass media and 3 (10%) from other source.

CONTROL GROUP

In the control group, with regards to **age** 3(10%) mothers were belongs to <20, 15(50%) were belongs to 21-25 years, 8(26.7%) were belongs to 26-30 years and 4(13.3%) were belongs to >31years .

Regarding **Education**, none were illiterate, 8(26.7%) of them had primary education, 1(3.3%) of them had secondary education, and 21(70%) of them had higher secondary education and above.

In relation to **family type** 15(50%) of the mothers were from nuclear family and 15(50%) of the mothers were from joint family.

Regarding **religion** 25(83.3%) mothers were Hindus, 3(10%) mothers were Muslims and 2(6.7%) mothers were Christians.

With regards to **occupation** 26(86.7%) mothers were housewives, none of the mothers were coolie or skilled workers and 4(13.3%) mothers were professional workers.

With regard to antenatal visits 6(20%) mothers came for their first visits, 11(36.7%) mothers came for their 2-4 visits, 4(13.3%) mothers came for their 4-6 visits and 9(30%) mothers came for their > 6 visits.

With regard to previous source of information none of the mothers received information from health workers, 27(90%) mothers received from family, 3(10%) mothers received from mass media and none of the mothers received information from other source.

Section II: Data on the assessment of the level of knowledge and attitude on child birth preparation in the experimental and control group.

Table 2:1: Frequency and percentage distribution of the level of knowledge among primi mothers on child birth preparation in the experimental group.

N=30

S.No	Level of Knowledge	Experimental Group			
		Pretest		Posttest	
		N	%	N	%
1	Adequate knowledge	-	-	27	90
2	Moderately adequate knowledge	19	63.3	3	10
3	Inadequate knowledge	11	36.7	-	-

Table 2:1 revealed the knowledge of the primi mothers in the experimental group, which showed 11(36.7%) mothers had inadequate knowledge, 19(63.3%)mothers had moderately adequate knowledge and none of them had adequate knowledge in pre-test.

In post test 3(10%) mothers had moderately adequate knowledge, 27(90%) mothers had adequate knowledge and none of them had inadequate knowledge.

From the above findings it was inferred that the video assisted teaching improved the level of knowledge of primi mothers in the experimental group in the post test.

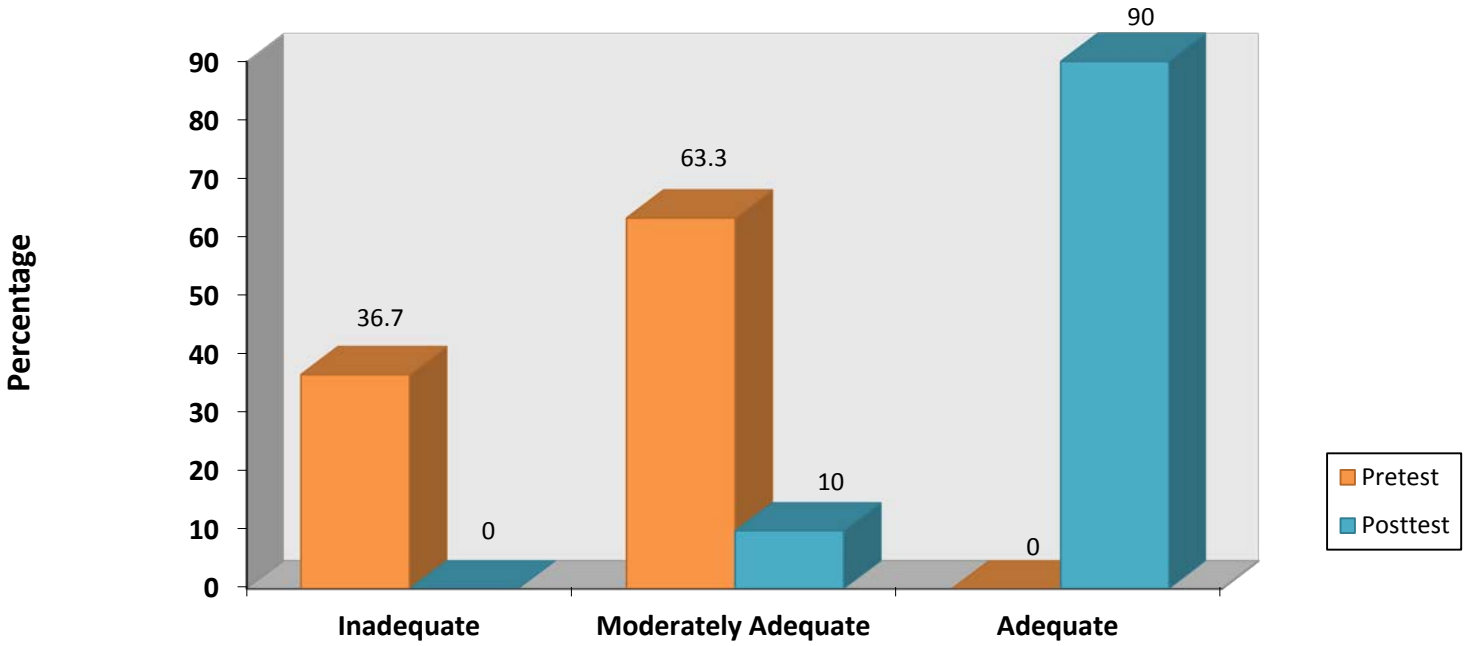

Fig. 2.1- Percentage distribution of pre and post test level of knowledge regarding child birth preperation in the experimental group

Table 2:2: Frequency and percentage distribution of the level of knowledge among primi mothers on child birth preparation in the control group.

N=30

S.No	Level of Knowledge	Control Group			
		Pretest		Posttest	
		N	%	N	%
1	Adequate knowledge	-	-	-	-
2	Moderately adequate knowledge	23	76.7	24	80
3	Inadequate knowledge	7	23.3	6	20

Table2:2 showed that 7(23.3%) mothers had inadequate knowledge, 23(76.7%)mothers had moderately adequate knowledge and none of them had adequate knowledge in the pre-test.

In post-test 6(20%) mothers had inadequate knowledge, 24(80%)mothers had moderately adequate knowledge and none of them had adequate knowledge.

The above findings suggested that there was no change in the level of knowledge of primi mothers in the control group both in pre-test and post-test.

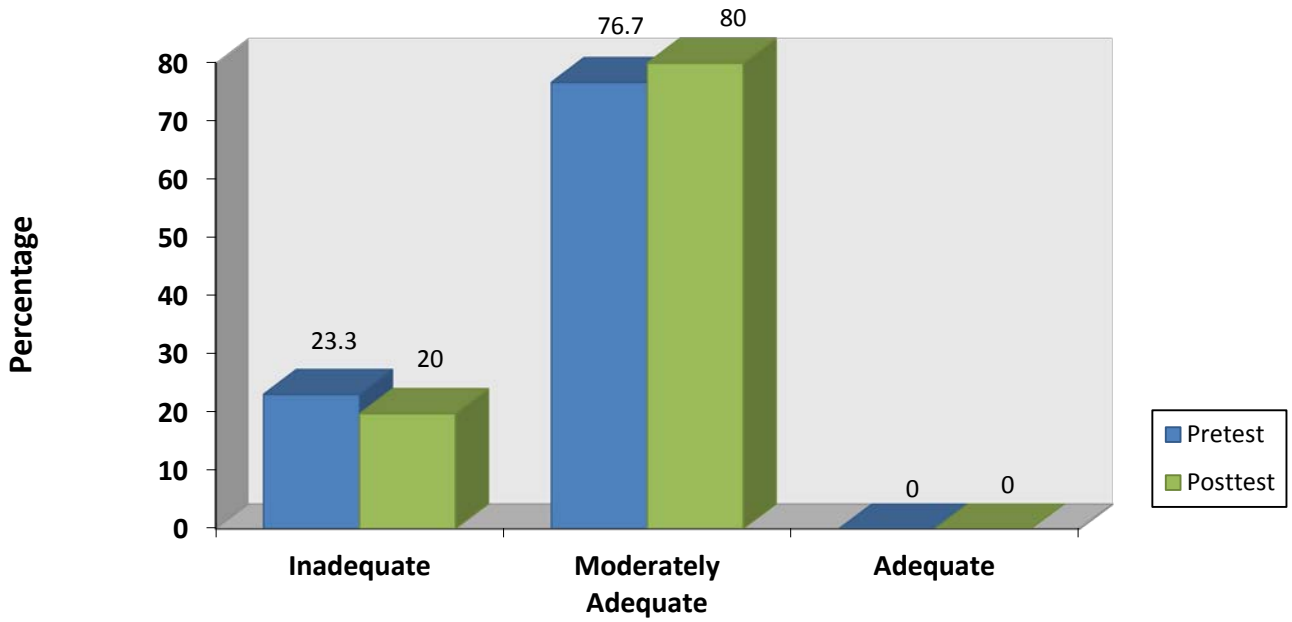

Fig.2.2- Percentage distribution of pre and post test level of knowledge regarding child birth preperation in the control group

Table 2:3: Frequency and percentage distribution of the level of attitude of primi mothers on child birth preparation in the experimental group.

N=30

S.No	Level of Attitude	Experimental Group			
		Pretest		Posttest	
		N	%	N	%
1	Favourable attitude	11	36.6	28	93.3
2	Moderately favourable attitude	17	56.7	2	6.7
3	Unfavourable attitude	2	6.7	-	-

Table 2:3 showed that 2(6.7%) mothers had unfavourable attitude, 17 (56.7%)mothers had moderately favourable attitude and 11(36.6%)mothers had highly favourable attitude in pre test.

In post test, 28 (93.3%) mothers had highly favourable attitude, 2(6.7%) mothers had moderately favourable attitude and none of them had unfavourable attitude.

Thus with the above findings it was inferred that the video assisted teaching was highly effective to impart favourable attitude about child birth preparation.

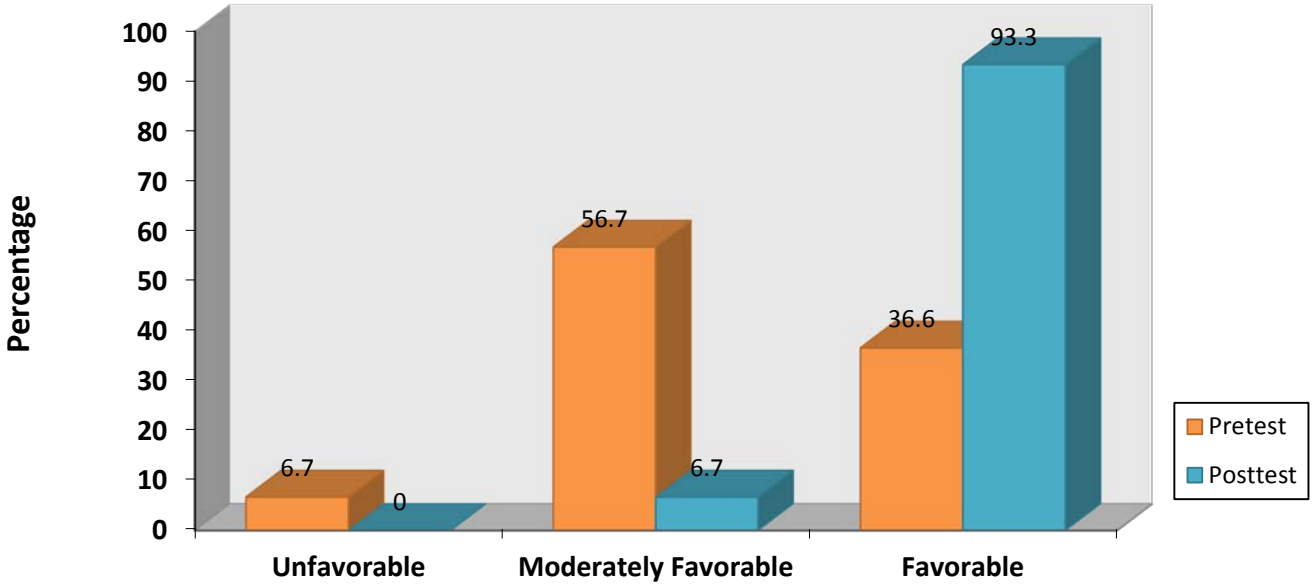

Fig. 2.3-Percentage distribution of pre and post test level of attitude regarding child birth preperation in the experimental group

Table 2:4 : Frequency and percentage distribution of the level of attitude among primi mothers on child birth preparation in the control group.

N=30

S.No	Level of Attitude	Control Group			
		Pretest		Posttest	
		N	%	N	%
1	Favourable attitude	-	-	-	-
2	Moderately favourable attitude	18	60	21	70
3	Unfavourable attitude	12	40	9	30

Table 2:4 revealed that 12(40%) of the mothers had unfavourable attitude, 18(60%) of the mothers had moderately favourable attitude and none of the mothers had favourable attitude in pretest.

In post-test 9 (30%) of the mothers had unfavourable attitude, 21 (70%) of the mothers had moderately favourable attitude and none of the mothers had favourable attitude.

With the above findings it was inferred that there was no change in the level of attitude of mothers in the control group.

.

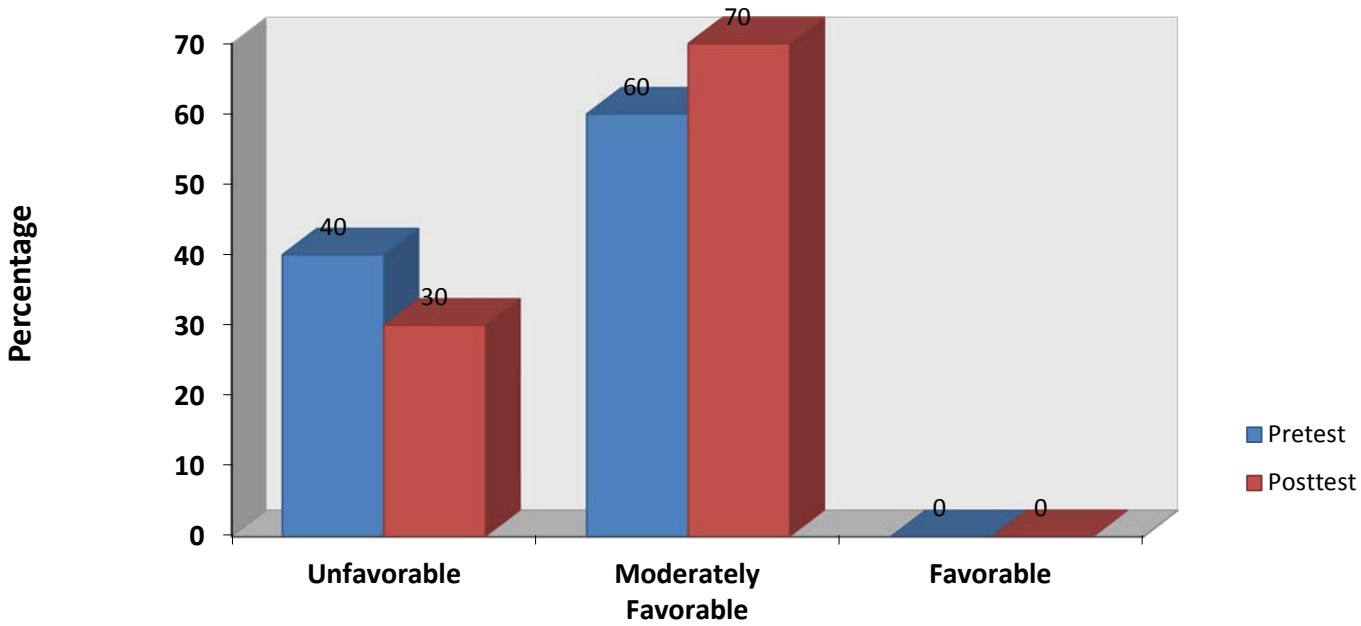

Fig. 2.4- Percentage distribution of pre and post test level of attitude regarding child birth preperation in the control group

Section-III-Data on the effectiveness of video assisted teaching on Child birth preparation in the experimental group

Table 3:1: Mean, SD and 't' value of the level of knowledge on child birth preparation in experimental group.

N=30

Level of Knowledge	Experimental group		t-value
	Mean	SD	
Pre test	47.50	11.07	t = 16.19***
Post test	83.450	7.08	

Significant at ***p<0.001

Table 3:1 revealed the mean pretest level of knowledge score was 47.50 and SD was 11.07 and mean post test score was 83.450 and SD was 7.08. The calculated 't' value was 16.19 which was significant at the level of p<0.001.

Thus it was concluded that the video assisted teaching was highly effective in improving the level knowledge of the primi mothers about child birth preparation.

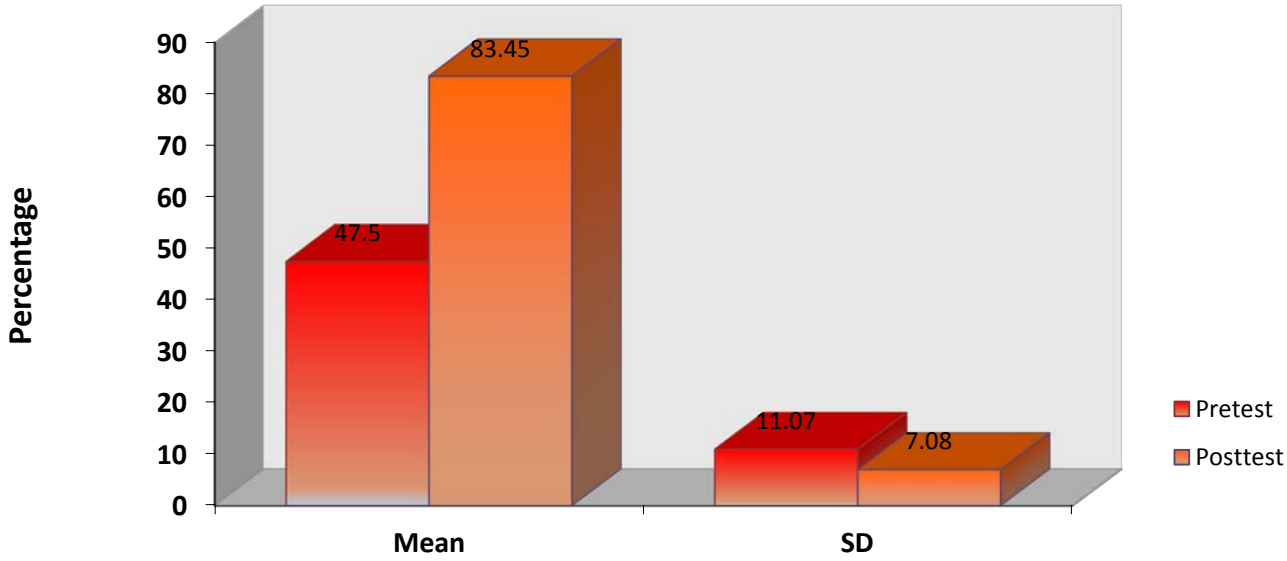

Fig.3.1- Distribution of mean and SD of the level of knowledge on child birth preperation in the experimental group

Table 3:2: Mean, SD and 't' value of the level of attitude on child birth preparation in the experimental group.

N=30

Level of Attitude	Experimental group		t-value
	Mean	SD	
Pre test	70.99	12.04	t = 5.90**
Post test	86.67	7.01	

Significant at **p <0.01

Table 3:2 revealed that the mean pretest level of attitude score was 70.99 and SD was 12.04 and the mean post test score was 86.67 and SD was 7.03 in posttest in the experimental group. The calculated 't' value was 5.90 which was significant at the level of $p<0.01$.

Thus with the above findings it was inferred that the video teaching was highly effective to impart favourable attitude to the primi mothers about child birth preparation.

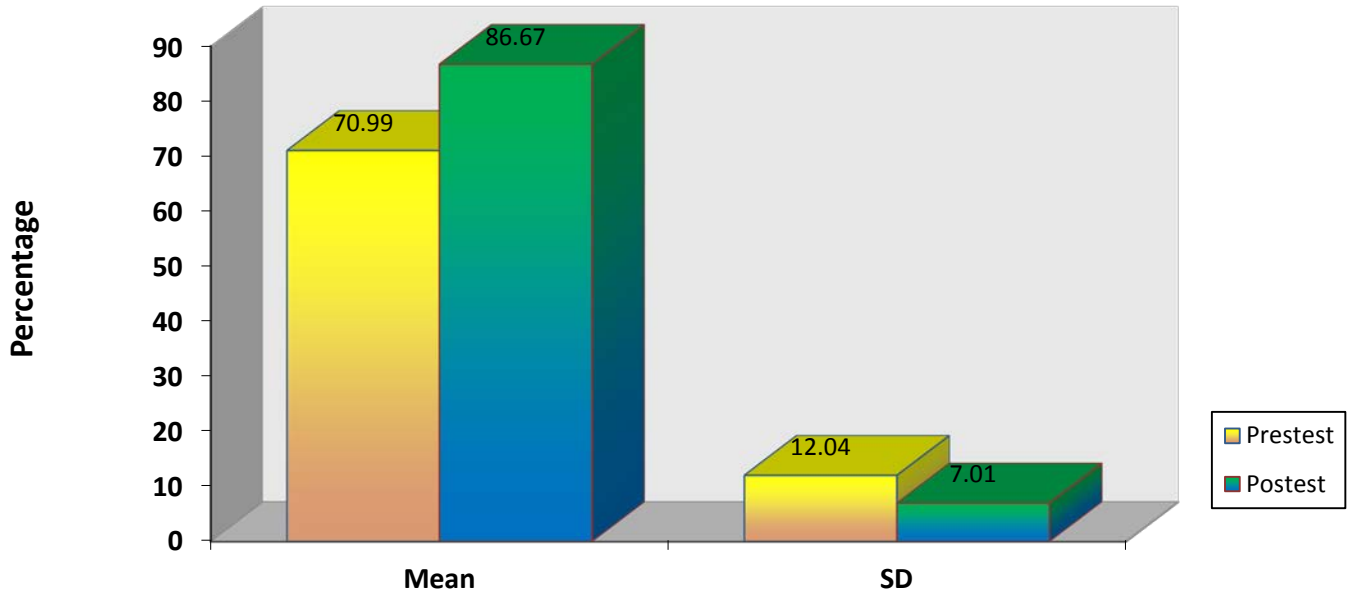

Fig.3.2- Distribution of mean and SD of level of attitude on child birth preperation in the experimental group

Table 3:3: Mean, SD and 't' value of the level of attitude on child birth preparation in the experimental and control group.

N=30+30

Variables	Experimental group		Control group		Student unpaired "t" test
	Mean	**SD**	**Mean**	**SD**	
Level of Knowledge	83.45	7.08	55.1	7.34	t =15.05***
Level of Attitude	86.67	7.01	67.78	10.1	t =8.43***

Significant at ***p<0.001

Table 3:3 revealed that **t**he mean post test knowledge scores in the experimental group was 83.45 and SD was 7.08 and in the control group mean score was 55.1 and the SD score was 7.34. The calculated "t" value was 15.05 which was significant at P<0.001 level.

The mean post test attitude scores in the experimental group was 86.67 and SD was 7.01 and in the control group mean score was 67.78 and SD was 10.1. The calculated "t" value was 8.43 which was significant at P<0.001 level.

Thus with the above findings it was inferred that the video assisted teaching was highly effective in improving the level of knowledge and attitude of primi mothers in the experimental group.

Table 4: Data on the correlation between the level of knowledge and attitude on child birth preparation in the experimental group.

N = 30

Variables	Experimental group		r-value
	Mean	**SD**	
Level of Knowledge	83.45	7.08	1***
Level of Attitude	86.67	7.01	

***p<0.001,

Table 4 revealed that the correlation value of knowledge and attitude among primi mothers were r = 1 which was significant at level of p<0.001.

Thus it was inferred that there is a positive correlation between the level of knowledge and attitude of primi mothers on child birth preparation in the experimental group.

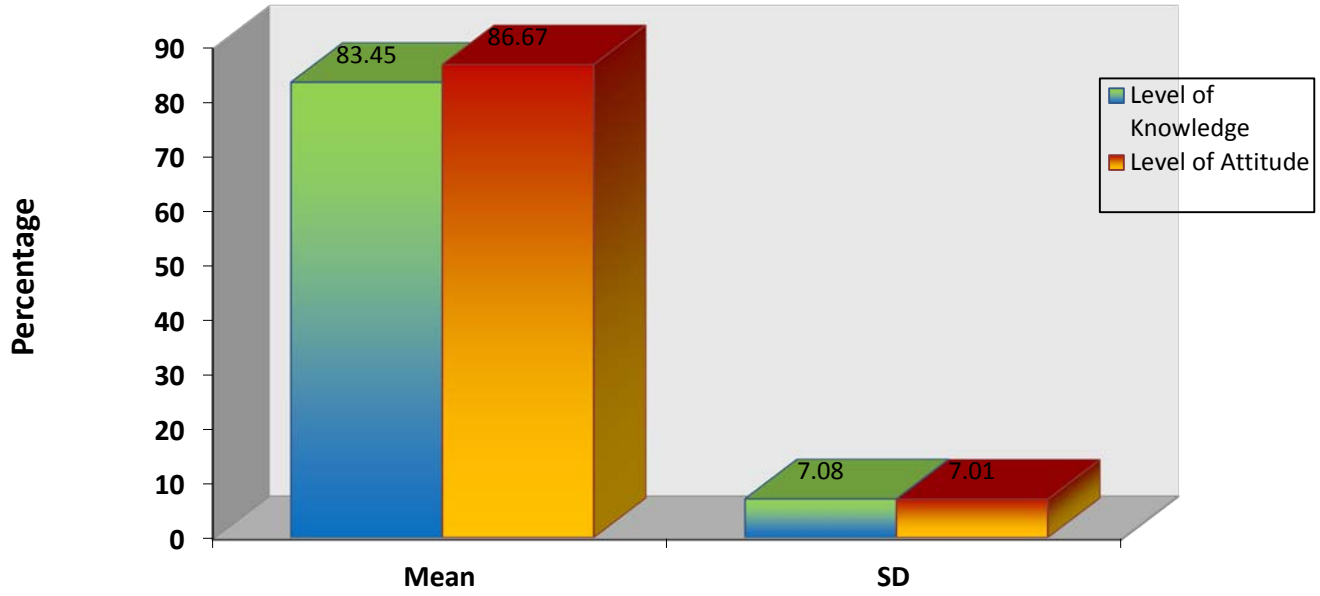

Fig.4.1- Distribution of mean and SD of the level of knowledge and attitude on child birth preperation in the experimental group

Table-5:1 Data on the association of the level of knowledge of childbirth preparation among primi mothers and their selected demographic variables in the experimental group.

N=30

Demographic Variables	Inadequate		Moderately adequate		Highly adequate		χ^2 value
	f	%	f	%	f	%	
1.Age of the mother:							
a)Less than 20years	-	-	-	-	5	16.67	NS
b)21-25 years	-	-	3	10	8	26.66	3.852
c)26-30 years	-	-	-	-	12	40	
d)Above 31 years	-	-	-	-	2	6.67	
2.Education:							
a)Illiterate	-	-	-	-	5	16.7	NS
b)Primary education	-	-	-	-	3	10	421
c)Higher secondary	-	-	-	-	4	13.3	
d)Graduates	-	-	3	10	15	50	
3.Family type							
a)Nuclear	-	-	1	3.33	13	43.33	NS
b)Joint	-	-	2	6.67	14	46.67	1.438
c)Single mother	-	-	-	-	-	-	
d)Widow	-	-	-	-	-	-	
4:Religion							
a)Hindu	-	-	3	10	18	60	NS
b)Muslim	-	-	-	-	6	20	0.529
c)Christian	-	-	-	-	2	6.67	
d)Any others	-	-	-	-	1	3.33	
5. .Occupation							
a)Housewife	-	-	3	10	13	43.33	NS
b)Coolie	-	-	-	-	7	23.33	0.651
c)Skilled worker	-	-	-	-	3	10	
d)Professional	-	-	-	-	4	13.34	
6.Number of Antenatal visits:							
a)1st visit	-	-	-	-	-	-	NS
b)2-4 visits	-	-	2	6.67	17	56.67	0.094
c)4-6 visits	-	-	-	-	3	10	
d)>6 visits	-	-	1	3.33	7	23.33	
7.Previous information:							
a)Healthcare worker							
b)Family & peer	-	-	-	-	-	-	
group	-	-	-	-	14	46.67	NS
c)Mass media	-	-	3	10	10	33.33	0.504
d)Others	-	-	-	-	3	10	

(*-P<0.05, Significant; NS-Non Significant; S- Significant)

Table 5:1 revealed that there was no statistical significant association at the level of $P<0.05$ between the level of knowledge of the primi mothers on childbirth preparation and their selected demographic variables like age, education, type of family, religion, occupation, number of antenatal visits and source of previous information in the experimental group.

Hence with the above findings it can be inferred that there was no association between the knowledge of the primi mothers on childbirth preparation and their selected demographic variables in the experimental group.

Table-5:2: Association of the level of attitude regarding childbirth preparation among primi mothers and their selected demographic variables in the experimental group.

N=30

Demographic Variables	Inadequate		Moderately adequate		Highly adequate		χ^2 value
	f	%	f	%	f	%	
1.Age of the mother:							
a)Less than 20years	-	-	-	-	5	16.67	NS
b)21-25 years	-	-	1	3.33	10	33.33	0.192
c)26-30 years	-	-	1	3.33	11	36.67	
d)Above 31 years	-	-	-	-	2	6.67	
2.Education:							
a)Illiterate	-	-	-	-	5	16.7	
b)Primary education	-	-	-	-	3	10	S
c)Higher secondary	-	-	2	6.67	2	6.67	12.175
d)Gradutes	-	-	-	-	18	60	
3.Family type							
a)Nuclear	-	-	2	6.67	12	40	NS
b)Joint	-	-	-	-	16	53.33	1.383
c)Single mother	-	-	-	-	-	-	
d)Widow	-	-	-	-	-	-	
4:Religion							
a)Hindu	-	-	2	6.67	19	63.33	NS
b)Muslim	-	-	-	-	6	20	0.318
c)Christian	-	-	-	-	2	6.67	
d)Any others	-	-	-	-	1	3.33	
5. .Occupation							
a)Housewife	-	-	1	3.33	15	50	NS
b)Coolie	-	-	-	-	7	23.33	3.452
c)Skilled worker	-	-	-	-	2	6.67	
d)Professional	-	-	-	-	4	13.33	
6.No. of AN Visits							
a)1st visit							
b)2-4 visits	-	-	-	-	-	-	NS
c)4-6 visits	-	-	2	6.67	17	56.67	0.506
d)>6 visits	-	-	-	-	3	10	
	-	-			8	26.67	
7.Previous information:							
a)Healthcare worker							
b)Family & peer group	-	-	-	-	-	-	NS
c)Mass media	-	-	1	3.33	13	43.33	3.496
d)Others	-	-	-	-	13	43.33	
	-	-	1	3.34	2	6.67	

(*-P<0.05, Significant; NS-Non Significant; S- Significant)

Table 5:2 revealed that there was statistically significant association at level of $P<0.05$ between the attitude of the primi mothers on childbirth preparation and level of education in the experimental group.

There was no statistical significant association between the level of attitude of the primi mothers on childbirth preparation and other selected demographic variables such as age, type of family, religion, occupation, number of antenatal visits and source of previous information in the experimental group.

Table-5:3 Association of knowledge of childbirth among primi mothers and their selected demographic variables in the control group.

N=30

Demographic Variables	Inadequate		Moderately adequate		Highly adequate		χ^2 value
	f	%	f	%	f	%	
1.Age of the mother:							
a)Less than 20years	3	10	1	3.3	-	-	S
b)21-25 years	2	6.7	12	40	-	-	11.77
c)26-30 years	2	6.7	6	20	-	-	
d)Above 31 years	1	3.3	3	10	-	-	
2.Education:							
a)Illiterate	-	-	-	-	-	-	NS
b)Primary education	2	6.7	6	20	-	-	0.82
c)Higher secondary	1	3.3	1	3	-	-	
d)Graduate	5	16.7	15	50	-	-	
3.Family type							
a)Nuclear	3	10	12	40	-	-	NS
b)Joint	5	16.7	10	33.3	-	-	0.68
c)Single mother	-	-	-	-	-	-	
d)Widow	-	-	-	-	-	-	
4:Religion							
a)Hindu	6	20	19	63.3	-	-	NS
b)Muslim	2	6.7	1	3.3	-	-	1.58
c)Christian	-	-	2	6.7	-	-	
d)Any others	-	-	-	-	-	-	
5. .Occupation							
a)Housewife	5	16.7	21	70	-	-	S
b)Coolie	-	-	-	-	-	-	5.48
c)Skilled worker	-	-	-	-	-	-	
d)Professional	3	10	1	3.3	-	-	
6.Number of Antenatal visits:							
a)1st visit	-	-	6	20	-	-	NS
b)2-4 visits	5	16.7	6	20	-	-	2.65
c)4-6 visits	1	3.3	3	10	-	-	
d)>6 visits	2	6.7	7	23.3	-	-	
7.Previous information:							
a)Healthcare worker							NS
b)Family & peer group	-	-	-	-	-	-	0.075
c)Mass media	7	23.3	20	66.7	-	-	
d)Others	1	3.3	2	6.7	-	-	
	-	-	-	-	-	-	

(*-P<0.05, Significant; NS-Non Significant; S- Significant)

Table 5:3 revealed that there was statistically significant association at level of $P<0.05$ between the knowledge of the primi mothers on childbirth preparation and their demographic variables like age of the mother and occupation in the control group.

There was no statistical significant association between the level of knowledge of primi mothers on childbirth preparation and other selected demographic variables such as education, type of family, religion, number of antenatal visits and source of previous information in the control group.

Table-5:4 Association of the level of attitude of childbirth among primi mothers and their selected demographic variables in the control group.

N=30

Demographic Variables	Inadequate		Moderately adequate		Highly adequate		χ^2 value
	f	%	f	%	f	%	
1.Age of the mother:							
a)Less than 20years	-	-	3	10	-	-	NS
b)21-25 years	3	10	12	40	-	-	4.45
c)26-30 years	5	16.7	3	10	-	-	
d)Above 31 years	1	3.3	3	10	-	-	
2.Education:							
a)Illiterate	-	-	-	-	-	-	S
b)Primary education	4	13.3	4	13.3	-	-	11.71
c)Higher secondary	5	16.7	1	3.3	-	-	
d)Graduate	-	-	16	53.3	-	-	
3.Family type							
a)Nuclear	5	16.7	10	33.3	-	-	NS
b)Joint	4	13.3	11	36.7	-	-	0.15
c)Single mother	-	-	-	-	-	-	
d)Widow	-	-	-	-	-	-	
4:Religion							
a)Hindu	9	30	16	56.7	-	-	NS
b)Muslim	-	-	3	10	-	-	1.08
c)Christian	-	-	2	6.7	-	-	
d)Any others	-	-	-	-	-	-	
5. .Occupation							
a)Housewife	9	30	17	56.7	-	-	NS
b)Coolie	-	-	-	-	-	-	1.57
c)Skilled worker	-	-	4	13.3	-	-	
d)Professional	-	-	-	-	-	-	
6.Number of Antenatal visits:							
a)1st visit	-	-	6	20	-	-	NS
b)2-4 visits	5	16.7	6	20	-	-	2.87
c)4-6 visits	2	6.7	2	6.7	-	-	
d)>6 visits	2	6.7	7	23.3	-	-	
7.Previous information:							
a)Healthcare worker							NS
b)Family & peer group	-	-	-	-	-	-	0.53
c)Mass media	9	23.3	18	66.7	-	-	
d)Others	-	-	3	6.7	-	-	
	-	-	-	-	-	-	

(*-P<0.05, Significant; NS-Non Significant; S- Significant)

Table 5:4 revealed that there was statistically significant association at the level of $P<0.05$ between the attitude of the primi mothers on childbirth preparation and the level of education in the control group.

There was no statistical significant association between the level of attitude of the primi mothers on childbirth preparation and other selected demographic variables such as age, type of family, religion, occupation, number of antenatal visits and source of previous information in the control group.

CHAPTER - V

DISCUSSION

CHAPTER – V

DISCUSSION

This chapter discusses about the findings of the study derived from the statistical analysis and its pertinence to the objectives set for the study and the related literature.

The findings of the study based on the objectives were:

The first objective was to assess the pre-test and post test level of knowledge and attitude on child birth preparation among primi mothers in the experimental control group.

The findings of the study revealed that in the experimental group 11(36.7%) mothers had inadequate knowledge, 19(63.3%) had moderately adequate knowledge and none of the mothers had adequate knowledge in the pre-test. In the post test findings majority of the mothers 27 (90%) had adequate knowledge, 3(10%) of the mothers had moderately adequate knowledge and none of the mothers had inadequate knowledge. This showed that the mothers had improved knowledge on child birth preparation in the post test.

In case of the level of attitude 2(6.7%) mothers had unfavorable attitude, 17(56.7%) of the mothers had moderately favorable attitude and 11(36.6%) had highly favorable attitude in the pretest experimental group. In post test none of the mothers had unfavorable attitude, 2 (6.7%) of the mothers had moderately favorable attitude and 28 (93.3%) of the mothers had favorable attitude. This showed that the mothers had better attitude on child birth preparation in the post test.

The findings of the study revealed that in the control group the pretest findings were 6(20%) mothers had inadequate knowledge, 24(80%) mothers had moderately adequate knowledge and none of the mothers had adequate knowledge. In post test findings majority of the mothers 6(20%) had adequate knowledge, 24(80%) had moderately adequate knowledge and none had adequate knowledge. This showed that the mothers had no improved knowledge on child birth preparation in the pre and post test in the control group.

In case of attitude in the control group 3(10%) mothers had unfavorable attitude, 22(73.3%) mothers had moderately favorable attitude and 5(16.7%) mothers had highly favorable attitude in the pretest. In post test 3(10%) mothers had unfavorable attitude, 21 (70%) mothers had moderately favorable attitude and 6(20%) mothers had favorable attitude. This showed that the mothers had no change in attitude on child birth preparation in the control group.

The study findings were consistent with the study conducted by Lukasse M et al(2014) conducted a cross-sectional study to examine the prevalence and associated factors of fear of childbirth among 6970 pregnant women in 6 European countries. The main result of the study reported women with severe fear of childbirth of 11%, 11.4% in primiparous and 11% among multiparous women. The study concluded that fear of childbirth appears to be an international phenomenon, existing with similar proportion in the participating countries.

The findings are consistent with the study conducted by Amutha, T (2008) to assess the effectiveness of information, education and communication package on reproductive health on the knowledge and attitude of women with a sample of 60

mothers. The researcher found that in the pre test only 18.33% of the mothers had highly favorable attitude which improved to 91.67% in the post test.

Kamini (2006) conducted a descriptive study to assess the knowledge, attitude and practices of pregnant women regarding antenatal care in Coimbatore. Totally 60 mothers were included. The study revealed that one third of the mothers 40%, lacked basic and essential knowledge about antenatal care, 57% of the antenatal mothers had lower attitude.

The second objective was to evaluate the effectiveness of video assisted teaching on childbirth preparation among primi mothers in the experimental group.

The mean pretest knowledge score was 47.50 and SD score was 11.07 and mean post test score was 83.450 and the SD score was 7.08. The calculated 't' value was 16.19 which was significant at $p<0.001$ level.

The mean pretest attitude score in the experimental group of primi mothers was 70.99 and the SD score was 12.04 and mean post test score was 86.67 and the SD score was 7.03. The calculated 't' value was 5.9 significant at $p<0.001$ level.

The mean post test knowledge scores in the experimental group was 83.45 and the SD score was 7.08 and in the control group, mean score was 55.1 and the SD score was 7.34.The calculated "t" value was 15.05 significant at $p<0.001$ level.

The mean post-test attitude scores in the experimental group was 86.67 with SD 7.01 and in the control group was 67.78 with SD 10.1. The calculated "t" value was 8.43significant at $p<0.001$ level.

Thus it can be concluded that the video assisted teaching was highly effective in improving the knowledge and attitude of the primi mothers about child birth preparation in the experiment group.

The findings were consistent with the study conducted by Zax M (2009) to evaluate the effects of a childbirth education program (patterned after the Lamaze procedure) on maternal attitudes and the delivery process. The researcher found that mothers who attended the child birth education classes had a positive attitude towards labor which improved from an attitude level of 40% to 89% among mothers who attended the childbirth education programme.

The third objective was to correlate the overall improvement in the level of knowledge and attitude of primi mothers on child birth preparation in the experimental group.

The analysis revealed that there was a positive correlation between the overall mean improvement level of knowledge and attitude of the primi mothers in the experimental group ($r = 1.01$) which was significant at the level of $p < 0.01$. Hence there is significant relationship between the overall mean improvement level of knowledge and attitude of primi mothers on child birth preparation among the experimental group. This showed that if the knowledge increased the attitude also improved.

This finding was consistent with the study conducted by Malathi, D. (2008) on the assessment of knowledge and attitude on child birth preparation and factors promoting and depromoting the utility of services among primi gravida mothers. The

analysis revealed that there was a positive correlation between knowledge and attitude r =0.29, which is significant at p<0.05 level.

The fourth objective was to determine the association of knowledge on childbirth preparation among primi mothers attending antenatal clinic and their selected demographic variables.

There was no statistically significant association at P<0.05 level between the levels of knowledge of the primi mothers on childbirth preparation with their selected demographic variables. There was statistically significant association at level of P<0.05 between the knowledge of the primi mothers on childbirth preparation and the age of the mother and occupation in the control group.

Hence it can be concluded that there is association between the knowledge of the primi mothers on childbirth preparation and their selected demographic variables in the experimental group.

The finding was consistent with the study conducted by Radestad I.J.,et al (2006) to investigate the attendance rate at childbirth and parenthood education classes during pregnancy and describe the characteristics of women who did not attend, among 2546 women. It revealed that the women who attended the classes were most primi parous women .Their demographic characteristics on the whole did not affect the attendance to the child birth education classes.

The fifth objective was to determine the association of attitude on childbirth preparation among primi mothers attending antenatal clinic and their selected demographic variables

There was statistically significant association at level of $P<0.05$ between the attitude of the primi mothers on childbirth preparation and level of education in the experimental group. There was statistically significant association at the level of $P<0.05$ between the attitude of the primi mothers on childbirth preparation and the level of education in the control group. Hence research hypothesis H_3 was accepted.

Hence we can conclude that there is association between the attitude of the primi mothers on childbirth preparation and their selected demographic variables in the experimental group.

CHAPTER – VI

SUMMARY AND RECOMMENDATIONS

CHAPTER – VI

SUMMARY AND RECOMMENDATIONS

This chapter deal with the summary and conclusions. It focusses on the applications and gives recommendations for nursing practices, nursing research, nursing administration, and nursing education

SUMMARY

The purpose of thestudy was “to evaluate the effectiveness of video assisted teaching on knowledge and attitude regarding child birth preparation among prime mothers in selected hospitals at Dindigul district.”

THE OBECTIVES OT THE STUDIES WERE

1. To assess the pre-test and post test level of knowledge and attitude on child birth preparation among primi mothers in the experimental and control group.
2. To evaluate the effectiveness of video assisted teaching on childbirth preparation among primi mothers in the experimental group.
3. To correlate the knowledge and attitude on childbirth preparation among primi mothers attending antenatal clinic.
4. To determine the association between post test knowledge of childbirth preparation among primi mothers attending antenatal clinic and their selected demographic variables.
5. To determine the association between post test attitude of childbirth preparation among primi mothers attending antenatal clinic and their selected demographic variables.

The researcher adopted a quasi-experimental pretest – post test design for the study. The setting of the study was the antenatal clinic of the Christian Felllowship hospital and K.R Hospital at Oddanchatram. The population included all the primi antenatal mothers attending the antenatal OPD. The sample comprised of 60 primi mothers who fulfilled the inclusive criteria - 30 for the experimental group and 30 for the control group. The investigator used convenient sampling technique to select the samples.

The tool constructed for this study was a structured questionnaire to assess the knowledge of the primi antenatal mothers. To assess the attitude, a three point rating scale (Likert) was used. Content validity of the tool was obtained from 2 medical experts and 5 nursing experts in the field of obstetrics and gynecology. As per the consensus of the experts, the tool was modified and finalized. The pilot study was conducted at the antenatal clinic Amman hospital and Meenatchi Hospital at Dindigul. The tool was found to be practicable and feasible. The reliability of the tool was established by using test- retest method and split-half method. The ‘r’ values were 0.91and 0.84 respectively, which was found to be highly reliable. Hence the tool was finalized to proceed with the main study.

The ethical aspects of the study was maintained throughout the study by getting formal permission from the respective authorities and informed verbal consent form the participants of the study. The information collected form the mothers were kept confidential and it was used only for research purpose. The pre test was conducted for the experimental and control group .The participants of the experimental group alone were given the video assisted teaching and after 7 days the

post test was done for both the experimental and the control group. The data collected was analysed using descriptive and inferential statistics. Interpretation and discussion was done based on the objectives of the study and the hypothesis formulated.

MAJOR FINDINGS OF THE STUDY:

- In the experimental group, with regards to age majority of the mothers 12(40%) of them belonged to 26-30 years. Regarding education 18(60%) of them had higher secondary education and above. In relation to family type 15(50%) of the mothers belonged to a nuclear family and 15(50%) of the mothers belonged to a joint family. Regarding religion 20(66.7%) were Hindus. With regards to occupation 16(53.3%)mothers were housewives, with regard to antenatal visits 19(63.3%) came for 2-4 visits, with regard to previous source of information none of the mothers received information from health workers, 14(46.7%) received from family and peers.
- In the control group, majority of the mothers 15(50%) were at the age group from 21-25 years. Regarding Education, 21(70%) of them had higher secondary education and above. In relation to family type 15(50%) of the samples belonged to nuclear family and 15(50%) of the samples belonged to joint family. Regarding religion 25(83.3%) were Hindus. With regards to occupation 26(86.7%) were housewives. With regard to antenatal visits 11(36.7%) came for 2-4 visits. With regard to previous source of information 27(90%) received from family and peers.
- The knowledge of the primi mothers in the experimental group were 11(36.7%) mothers had inadequate knowledge, 19(63.3%) mothers had moderately adequate knowledge and none of the mothers had adequate knowledge in the pre-test. In the post test 3(10%) mothers had moderately adequate, 27(90%)

mothers had adequate knowledge and none had inadequate knowledge. Hence H_1 was accepted. This findings reveals that the video assisted teaching improved the level of knowledge of primi mothers in the experimental group in the post test.

- In the control group 7(23.3%) mothers had inadequate knowledge, 23(76.7%) mothers had moderately adequate knowledge and had adequate knowledge in the pre-test. In the post-test 6(20%) mothers had inadequate knowledge, 24(80%) mothers had moderately adequate knowledge and none had adequate knowledge. This findings suggested that there was no change in the level of knowledge of the primi mothers in the control group both in the pre-test and in the post-test.
- In experimental group 2(6.7%) of the mothers had unfavourable attitude, 17 (56.7%) had moderately favourable attitude and 11(36.6%) had highly favourable attitude in the pre test. In the post test, 28 (93.3%) mothers had highly favourable attitude, 2(6.7%) had moderately favourable attitude and none of them had unfavourable attitude. Hence H_2 was accepted. This findings concluded that the video assisted teaching was highly effective to impart favourable attitude about child birth preparation.
- In the control group 12(40%) of the mothers had unfavourable attitude, 18(60%) of the mothers had a moderately favourable attitude and none of them had favourable attitude in the pretest. In the post-test 9 (30%) of mothers had unfavourable attitude, 21 (70%) had moderately favourable attitude and none had favourable attitude. With this findings it can be inferred that there was no change in the attitude of mothers in the control group.

- The experimental group calculated ‘t’ test value for knowledge was 16.19 which was significant at the level of $p<0.001$. It can be concluded that the video assisted teaching was highly effective in improving the knowledge of the primi mothers about child birth preparation.
- The experimental group calculated ‘t’ test value for attitude was 5.90 significant at the level of $p<0.01$. It can be inferred that the video teaching was highly effective to impart favourable attitude to the primi mothers about child birth preparation.
- In comparing pre test scores of experimental and control group the calculated “t” value was 3.93 and 2.50, which was not significant at the level of $P<0.05$. Thus with this findings it can be concluded there was no change in the level of knowledge and attitude of primi mothers both in the experimental and control group in the pre-test.
- In comparing post test scores of experimental and control group the calculated “t” value was 15.05 and 8.43 which was significant at the level of $P<0.001$. Thus with this findings it can be concluded that the video assisted teaching was highly effective in improving the level of knowledge and attitude of primi mothers in the experimental group.
- The correlation for the level of knowledge and attitude of primi mothers the value for $r = 1.01$ which was significant at the level of $p<0.001$. Thus it can be inferred that there was a positive correlation between the knowledge and attitude of primi mothers on child birth preparation in the experimental group.
- There was statistically significant association at the level of $P<0.05$ between the knowledge of the primi mothers on childbirth preparation and the age of the mother and occupation in the control group. There was statistically significant

association at level of P<0.05 between the attitude of the primi mothers on childbirth preparation and level of education in the experimental group.There was statistically significant association at the level of P<0.05 between the attitude of the primi mothers on childbirth preparation and the level of education in the control group. Hence research hypothesis H_3 was accepted.

IMPLICATION

The investigator has drawn the following implications from the study which is of vital concern in the field of nursing practice, nursing administration, nursing education and nursing research.

NURSING PRACTICE

Nurses practicing in the clinical area have a good opportunity to educate pregnant mothers on child birth preparation.

- It is the responsibility of the nurses in the antenatal clinics to educate the mothers so as to create more awareness among them which will in turn reduce preventable complications.
- The community health nurses can educate the village health nurses about the content of child birth education to disseminate the information to the mothers in the community.
- The child birth preparation CD can be played in the waiting room of the antenatal OPD so that the mothers will be able to gain information while waiting for their check-up.

NURSING EDUCATION

- Nursing education should offer short term courses for nurses in the antenatal OPD area on child birth preparation.
- Nurses who have completed a course on child birth education can be posted as educators in the OPDs.
- Nurse educators while planning instruction for nursing students should educate the student nurses and also provide opportunities for them to gain the skill by teaching mothers under supervision.

NURSING ADMINISTRATION

- Nurse administrators should provide the necessary infrastructure to play the video-CD in the waiting room of the antenatal clinic.
- Funds should be allotted for the procurement of television and video-CD player.
- Seating arrangements should be made and an optimal place to fix the AV aid should be arranged.
- Child birth preparation classes can be included as a regular activity if the antenatal clinic.
- Continuing nursing education programs can be arranged for nurses in this area.
- Necessary policies should be formulated by the nurse administrators for the same.

NURSING RESEARCH

- The findings of the study should be disseminated through conferences, seminars and publishing in nursing and other health journals.

- The findings of the study will encourage professional nurses and nursing students to procure knowledge on the aspects of child birth preparation.
- The findings of the study will help in building and strengthening the body of knowledge in the discipline of nursing.

LIMITATIONS

- The investigator faced ample difficulty in collecting the related literature related to child birth preparation as the studies conducted in India was limited.
- The mothers felt it tedious to answer 30 + 10 items of the questionnaire as it took about 30-40 minutes to complete.

RECOMMENDATIONS

- The video assisted teaching can be played in the waiting room of the antenatal clinic of the hospitals for the mothers to gain knowledge on child birth preparation.
- Similar type of video-CDs can be prepared in various aspects of obstetrics including antenatal, postnatal and newborn care.
- The study can be replicated with a large number of samples for better generalization.
- A similar study can be carried out by using various teaching methods and skill training strategies.
- An experimental study can be conducted to find the effectiveness of teaching on the labor outcome.

REFERENCES

BIBLIOGRAPHY

BOOKS:

1. Bennett Ruth, B., & Linda, V. (2003). Myles Textbook for Midwives. London: Churchill Livingstone.
2. Carol, Mc Cormick (2003). Myles Textbook for Midwives. Edinburgh: Churchill Livingston Elsevier.
3. Chalmers, (1989). Effective care in Pregnancy and Child birth. New York: Oxford University Press Limited.
4. Dickason Elizabeth Jean, (2003). Maternal – Infant Nursing Care. Philadelphia: Mosby Publication.
5. Donna, L., & Sharon, (1994). Maternal and Child Nursing Care. Philadelphia: Mosby Publication.
6. Dutta, D.C. (2006). Textbook of Obstetrics including Perinatology and Contraception. Calcutta: New Central Book Agency.
7. Fitz Patrick, R., & Joyce, (1997). Conceptual Models of Nursing – Analysis and Applications. London: Apprentice Hall Publications.
8. Frazer Diane, M. & Cooper Margaret, M. (2009). Myles Textbook for Midwives. Edinburgh: Churchill Livingston Elsevier.
9. Gunasheela Sulochana, (2004). Practical Management of Obstetric Problems. New Delhi: Jaypee Brothers Medical Publishers.
10. Gurumani, N. (2005). An Introduction to Biostatistics. Chennai: MJP Publications.
11. Hacker Neville, F. (2004). Essentials of Obstetrics and Gynaecology. Noida: Reed Elsevier India Private Limited.

12. Kitzinger, S. (1980). Pregnancy and Child Birth. New York: Penguin.
13. Leveno Kenneth, J. (2003). Williams Manual of Obstetrics. USA: The McGraw-Hill Publications.
14. Lobiondo Wood Geri, & Judith Haber, (2006). Nursing Research Methods & Clinical Appraisal for EBP. Philadelphia: Mosby Elsevier Publications.
15. Nutan Lakhanpal Pandit, (2004). Pregnancy- The Complete Childbirth Book. Noida: Gopsons Papers Limited.
16. Padubidri, V. (2006). Textbook of Obstetrics. New Delhi: B.I. Publications Private Limited.
17. Park, K. (2007). Park's Textbook of Preventive and Social Medicine. Jabalpur: Banarsidas Bhanot.
18. Pilliteri Adele, (2007). Maternal and Child Health Nursing. Philadelphia: Lippincott Williams & Wilkins Publications.
19. Polit, F. D., & Beck, (2008). Nursing Research – Principles and Methods. Philadelphia: J.B. Lippincott Company.
20. Raman, A. V. (1988). A simple Guide to Maternity Nursing. Kanpur: Printorium Press.
21. Susan, A., & Orshan, (2008). Maternity, Newborn and Women's Health Nursing. Philadelphia: Lippincott Williams & Wilkins Publications.
22. Swaminathan, M. (1993). Advanced Textbook of Food and Nutrition. Bangalore: Bappco Publishers.

JOURNALS:

23. Alehagen, S. et al (2005). Fear, pain and stress hormones during labor. Psychosomatics of Obstetrics and Gynecology. 26(3), 153-165.
24. Amudha, (2006). Effect of Structured teaching program regarding antenatal exercises on knowledge and skill of antenatal mothers. Nightingale Nursing Times. 2(12), 55-56.
25. Churchill, H. (2005). Perceptions of childbirth: are women properly informed? Nursing Times. 91(45), 32-3.
26. Gangabai, B. Kulkarni (2007). Assessment of Antenatal Services at PHC. Nightingale Nursing Times. 3(4), 24-27.
27. Geoffrey, & Chamberpain. (2007).Organization of Antenatal Care. British Medical Journal. 7 (788), 453-468.
28. George, L. (2005). Lack of preparedness: Experiences of first-time mothers. The American Journal of Maternal and Child health Nursing. 30, 251-255.
29. Hallegun, A., et al (2005). Women's perception of child birth and child birth education before and after education and birth. Midwifery. 15(1), 6-15.
30. Kamini. (2006).The knowledge, attitude and practices of pregnant women regarding antenatal care. The Journal of Obstetrics and Gynecology. 98 (7). 419-423.
31. Lauzon L, Hodnett ED (2009). Fear of childbirth: predictors and temporal changes. British Journal of Obstetrics and Gynecology. 115(3), 354-360.
32. Layera. M. (2008). Information the mothers expect during the child birth preparation classes. American Journal of Perinatology, 42(2), 35 – 40.

33. Lothian, J. A. (2007). Listening to Mothers II: Knowledge, Decision-Making, and Attendance at Childbirth Education Classes. Journal of Perinatal Education. 16(4), 62-67.

34. Malathi, D. (2008). Assessment of knowledge and attitude on child birth preparation and factors promoting and depromoting the utility of service among primigravida mothers. Indian Journal of Holistic Nursing. 4(3), 26-29.

35. Mehdizadeh A. et al (2005). Impact of birth preparation courses on the health of the mother and the newborn. American Journal of Perinatology. 22(1), 7-9.

36. Munjanja, S .P et al (2006). Health education for pregnancy care: A survey in seven primary healthcare clinics. Central African Journal of Medicine. 42(10), 297-301

37. Murira, N. (2007). Effect of a new antenatal care program on the attitudes of pregnant women and midwives towards antenatal care. African Journal of Medicine. 43(5), 131-135.

38. Nabb, M. T., et al (2006). A feasibility study to investigate a program of massage, controlled breathing and visualization, from 36 weeks of pregnancy until birth. Complementary therapy in clinical practice. 12(3), 222-231.

39. Nieminen, K. (2009). Women's level of antenatal fear of childbirth at various gestational ages, and factors associated with intense fear. Obstetrics and Gynaecology in Scandinavia. 88(7), 807-813.

40. Phipps, H. (2009). Can antenatal education influence how women push in labor? Australian Journal of Obstetrics and Gynecology. 49(3), 274-278.

41. Planer, L & Carty, E. (2006). Deciding when its labor. Journal of Obstetric, Gynecologic and Neonatal Nursing. 35, 509-515.

42. Poonam Joshi, (2006). Nurses helping people to choose their own health. Nightingale Nursing Times. 3(1), 17-18.

43. Radikha Jayakumar, Rosily Nirmal. (2006). effectiveness of planned teaching program on antenatal mothers attending antenatal clinics. SOMI 5th National Conference.

44. Shanon Mantha., & Barbara Daves. (2008). Providing responsive nursing care to new mothers with high and low confidence. The American Journal of Maternal Child health Nursing. 33(5), 307-314.

45. Srelekha, C. (2006). Effectiveness of structured teaching program on minor disorders of pregnancy. Nightingale Nursing Times. 2(10), 24-25.

46. Sudeep. (2006). Effectiveness of planned health education for safe motherhood among primi gravida mothers. The Nursing Journal of India. 96 (2), 10-12.

47. Suksham Chopra. (2007). Physical violence against women with special reference to antenatal period. Nightingale Nursing Times. 2(12), 12-14.

48. Tang, C.S. (2009). An educational intervention to improve women's ability to cope with childbirth. Journal of clinical nursing. 18(15), 2125-2135.

49. Thame, M., Wilks, R. T., et al. (1997). Relationship between maternal nutritional status and infant's weight proportions at birth. European Journal of Clinical Nutrition. 51, 134-138.

50. Waldenström, U. (2006). Prevalence of fear of childbirth and its association with overall experience of childbirth. British Journal of Obstetrics and Gynecology. 113 (6), 638 – 646.

51. Waldenström. U. (2006). Attendance at parental education classes and to identify factors associated with non-attendance in primiparous women. Midwifery. 20(3), 226- 235.

52. Zax, M. (2005). Effects of a childbirth education program on maternal attitudes and the delivery process. American Journal of Obstetrics and Gynecology. 123(2), 185- 190.

WEB REFERENCE:

53. Anya, S. E., et al (2008). Antenatal care: missed opportunity for information, education and communication. Pregnancy Childbirth. Retrieved from htpp://pubmed.gov.in.

54. Bergström, M., et al. (2009). Effects of natural childbirth preparation versus standard antenatal education on experience of childbirth and parental stress in mothers and fathers. British Journal of Obstetrics and Gynecology. Retrieved from htpp://pubmed.gov.in.

55. Crowe, K., et al (2009). Child birth fears. Midwifery. Retrieved from htpp://highbeam.com

56. Emilio Ortega Callava. (2009). Recognizing the Risk Factors Intrauterine Growth Restriction. The Journal of Nutrition. Retrieved from htpp://highbeam.com.

57. Fabian, H. M., et al. (2005). Childbirth and parenthood education classes. Obstetrics and gynecology of Scandinavia. 84(5), 436- 443. Retrieved from htpp://pubmed.gov.in.

58. Gagnon, A.J., & Sandall, J. (2009). Individual or group antenatal education for childbirth or parenthood, or both. The Cochrane Database of Systematic Reviews. Retrieved from htpp://pubmed.gov.in.

59. Knapp, L. (2006). Child birth experience. Obstetrics and gynecology of Scandinavia. Retrieved from htpp://highbeam.com

60. Lauzon, L., & Hodnett, E.D. (2009). Antenatal education for self-diagnosis of the onset of active labor at term. The Cochrane Database of Systematic Reviews. Retrieved from htpp://pubmed.gov.in.

61. Mackey, M.C. (2005). Women's evaluation of their child birth performance. Journal of Nursing and Midwifery. Retrieved from htpp://pubmed.gov.in.

62. Melzack R., et al. (2005). Labor pain. Obstetrics and gynecology of Scandinavia. Retrieved from htpp://pubmed.gov.in.

63. Salomonsson, B. (2008). Midwives' experiences with and perception of women with fear of childbirth. Midwifery. Retrieved from htpp://pubmed.gov.in.

64. Sharma. S, et al. (2008). Effect of psycho-educational program related to labor and delivery. American Journal of Perinatology. Retrieved from htpp://pubmed.gov.in.

65. Shaw, (2003). Women's perceptions on their preparations for child birth. Midwifery. Retrieved from htpp://highbeam.com.

66. Shih, H. C. (2005). Effectiveness of the video-based Lamaze method on prenatal mothers' knowledge, attitudes, and practice. Times of Kaohsiung Military General Hospital. Retrieved from htpp://pubmed.gov.in.

67. Strauss, & Richard, S. et al. (2004). Low maternal weight gain in the second or third trimester increases the risk for intrauterine growth retardation. The Journal of Nutrition. Retrieved from htpp://highbeam.com.

68. Tjugum, J.,et al. (2003). Effectiveness of child birth preparation classes. Obstetrics and gynecology. Retrieved from htpp://pubmed.gov.in.

69. Yildirim, G., & Sahin, N.H. (2004). Effectiveness of nursing support and patient-directed education on reducing the pain perception. Pain Management. Retrieved from htpp://highbeam.com.

70. You & Your care in Pregnancy. Pregnancy Health. Retrieved from htpp://pregnancyhealth.com.

APPENDIX

APPENDIX -I

SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,
Palakkanuthu - (Po.),
Oddanchatram - 624 619.
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272
Mobile : 97509 56810
Fax : 0451-2554317
E-mail : sakthinursingcollege@gmail.com

Dr.K.Vembanan, M.B.B.S., M.S.,
Chairman

Appd. 1/8

PERMISSION LETTER

From

The Principal,
Sakthi College of Nursing,
Oddanchatram, Dindigul (Dt)

To

The Medical Superintendent,
Christian Fellowship Hospital,
Oddanchatram,
Dindigul District - 624619.

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

Mrs. BENDANGNARO is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking **(A quasi experimental study to evaluate "THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING CHILD BIRTH PREPARATION AMONG PRIMI MOTHER ATTENDING SELECTED ANTENATAL CLINICAL AT DINDIGUL DISTRICT")**, she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed institution.

Thanking you,

Yours sincerely,

Date : 30:09:14

Place : Sakthi Nagar

APPENDIX – II

SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,
Palakkanuthu - (Po.),
Oddanchatram - 624 619.
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272
Mobile : 97509 56810
Fax : 0451-2554317
E-mail : sakthinursingcollege@gmail.com

Dr.K.Vembanan, M.B.B.S., M.S.,
Chairman

PERMISSION LETTER

From

The Principal,
Sakthi College of Nursing,
Oddanchatram, Dindigul (Dt)

To

The Medical Officer,
K.R. Hospital,
Oddanchatram.

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

Mrs. BENDANGNARO is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking **(A quasi experimental study to evaluate "THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING CHILD BIRTH PREPARATION AMONG PRIMI MOTHER ATTENDING SELECTED ANTENATAL CLINICAL AT DINDIGUL DISTRICT")**, she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed institution.

Thanking you,

Yours sincerely,

Date : 29:07:14

Place : Sakthi Nagar

Permission granted to proceed

29.7.14

CIVIL ASSISTANT SURGEON
GOVT. TALUK HQRS HOSPITAL
ODDANCHATRAM-624 619

APPENDIX - III
CONTENT VALIDITY

From

Mrs.Bendangnaro,

M.Sc Nursing II[nd] Year,

Sakthi College of Nursing.

Oddanchatram, Dindigul.

To

Respected Sir / madam,

Sub:-Requisition from expert opinion and content validity reg.

I am 2[nd] year MSc Nursing student Sakthi College of Nursing Oddanchattram, Dindigul under Tamilnadu Dr.MGR Medical University.

As a partial fulfillment of M.Sc Nursing Degree program, I am conducting a research study "A quasi experimental study to evaluate the effectiveness of video assisted teaching on knowledge and attitude regarding Childbirth preparation among primi mothers in selected hospitals at Dindigul district".

I am sending the research tool for content validity and request you to give your expert and valuable review and opinion. I will be very thankful if you return at the earliest. Here with I have enclosed the necessary documents.

Thanking you.

Enclosed: Yours sincerely.

- Statement of the problem and objectives of the study
- Tool with blueprint and scoring key
- Brief note on the research methodology and intervention tool
- Certificated of content validity.

APPENDIX -IV

CERTIFICATE OF CONTENT VALIDITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the tool prepared by **Mrs.BENDANGNARO**, M.Sc(N) II YR student of SakthiCollege of Nursing for the conduction of the study "**A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED ON KNOWLEDGE AND ATTITUDE REGARDING CHILD BIRTH PREPARATION AMONG PRIMI MOTHERS IN SELECTED HOSPITALS AT DINDIGUL DISTRICT**" is valid. She can proceed in conducting the data collection with it.

Place: **Signature**

APPENDIX -V

LIST OF EXPERTS

1. **Prof.Grace Kingston, M.Sc(N).,Ph.D.,**
   Principal,
   Christian College Of Nursing
   Ambilikkai.

2. **Prof.Alice Sony, M.Sc (N)**
   Dept. of Obstetrics and Gynaecological Nursing
   College Of Nursing,
   CMC,Vellore

3. **Prof.Mrs.Kastori, M.Sc (N)**
   Dept. of Obstetrics and Gynaecological Nursing
   College of Nursing
   Dharapuram

4. **Asst.Prof.Shanthi,MSc(N),**
   Dept. of Obstetrics and Gynaecological Nursing
   Sri Nithi College of Nursing,
   Madurai.

5. **Asst.Prof.Shylisia.MSc(N).,**
   Dept. of Obstetrics and Gynaecological Nursing
   Aurobindo College Of Nursing,
   Karur.

6. **Dr. Paul Emmanuel M.D.,D.G.O.,**
Head- Dept. of Obstetrics and Gynaecology
Christian Fellowship Hospital,
Oddanchatram.

7. **Dr.Prema M.D.,D.G.O.,**
Chief Consultant
K.R Hospital,
Oddanchatram.

APPENDIX – VI

CERTIFICATE FOR ENGLISH EDITING

This is to certify that the dissertation work **"A quasi experimental study to evaluate the effectiveness of video assisted teaching on knowledge and attitude regarding childbirth preparation among primi mothers in selected hospitals at Dindigul district",** done by Mrs. Bendangnaro, II year, M.Sc.(Nursing) student of Sakthi College of Nursing, has been edited for English language appropriateness by.....R. Edison., M.A., M.Sc., B.Ed., M.Phil.,

Seal with Date:

R. EDISON, M.A., M.Sc.(C.S.), B.Ed., M.Phil
Comp. Asst.
Shanthinikethan Hr. Sec. Schoo
ANNALIKKAI - 624612

Signature.

APPENDIX-VII

CERTIFICATE FOR TAMIL EDITING

This is to certify that the tools and content for the dissertation work **"A quasi experimental study to assess the effectiveness of video assisted teaching on knowledge and attitude regarding childbirth preparation among primi mothers in selected hospitals at Dindigul district",** done by Mrs. Bendangnaro, II year, M.Sc.(Nursing) student of Sakthi College of Nursing, has been edited for Tamil language appropriateness by..P.SAKTHIVEL M.A., A.M.A, M.Ed.,

Seal with Date:

Signature.

V.PRINCIPAL
Sakthi College of Arts and Science for
Sakthi Nagar, Palakkanuthu (Po)
Oddanchatram, Dindigul Dist.

APPENDIX-VIII

SECTION – A: DEMOGRAPHIC VARIABLES

Introduction to participants:

Dear participants,

This section consists of the personal information and you are requested to answer the question correctly. The information collected from you will be kept confidential.

Sample No ☐

Read the following items carefully and complete them by ticking the right option

1. Age of the Mother

a) < 20 Yrs
b) 21-25 yrs
c) 26-30 yrs
d) >31 yrs

2. Educational Status

a) Illiterate
b) Primary
c) Secondary
d) Higher Secondary & above

3. Family type

a) Nuclear
b) Joint
c) Single mother
d) Widow

4. Religion

a) Hindu
b) Muslim
c) Christian
d) Others

5. Occupation

a) Housewife
b) coolie
c) Skilled worker
d) Professional

6. Number of Antenatal visits

a) First visit
b) 2-4 visits
c) 4-6 visits
d) > 6 visits

7. Previous source of information about child birth preparation

a) Health Care Workers
b) Family & Peer Group
c) Mass Media
d) Others

SECTION – B QUESTIONNAIRE ON KNOWLEDGE.

***General instruction*: Please read the question and answer carefully. Choose the right answer and place the tick mark against the right answer.**

1. What is child birth preparation?
    a) Preparing the mother for labour
    b) Giving information about labour
    c) Teaching about post natal care
    d) Preparing the baby for birth

2. Who should be prepared for child birth?
    a) Mother
    b) Father & Mother
    c) Mother, father & family
    d) Mother & baby

3. What is the importance of child birth preparation?
    a) To prevent sickness to the mother
    b) To prevent sickness to the baby
    c) To reduce fear & anxiety about labour.
    d) To monitor baby's growth

4. How often should a pregnant mother come for check-up in the last month?
    a) Every day
    b) Once a week
    c) Twice a week
    d) Once a month

5. What type of diet should a pregnant mother eat in the last trimester?

a) High calorie diet
b) Iron & protein rich diet
c) Fat rich diet
d) Salt less diet

6. How will a pregnant mother know that her baby is fine?

a) By taking ultrasound
b) By taking blood test
c) By feeling fetal movements
d) By having a big abdomen

7. How many times the fetus should move in 12 hours?

a) 5
b) 10
c) 15
d) 20

8. What will you do when you cannot feel the fetal movements?

a) Take tablets
b) Wait for two days and see if the fetal movements are there
c) Consult the doctor immediately
d) Take home made medications.

9. Which position is advisable for a mother to sleep during pregnancy?

a) Supine with legs elevated
b) Prone with extra pillows
c) Supine with legs flat
d) Left lateral position

10. What type of clothes are comfortable for a mother to wear during pregnancy?

a) Loose synthetic clothes
b) Loose cotton clothes
c) Tight synthetic clothes
d) Tight cotton clothes

11. Which activity is not advised for a pregnant mother during the last trimester?
    a) Attending Family function
    b) Avoid strenuous work and heavy lifting
    c) Going for Social gathering
    d) Doing Household work

12. How many stages are there in labour?
    a) 1
    b) 2
    c) 3
    d) 4

13. When a pregnant mother should make all the articles ready for labour?
    a) In the 9^{th} month
    b) When pain starts
    c) One day before due date
    d) After admission to the hospital

14. What are all the things a pregnant mother should keep it ready for labour?
    a) Towels & napkins(wash & dried cut into square size from linen or saree)
    b) Change of dress for the mother & linen to wrap the baby
    c) Sanitary pads & inner wear(bra 2 inches above the normal size-2)
    d) All the above.

15. What are all the things a pregnant mother should bring when she comes to the hospital for delivery?
    a) Money to pay the hospital fees,number card & previous reports
    b) Material needed for the mother & baby , money to pay the hospital fees, number card & previous reports
    c) Money to pay the hospital fees
    d) Number card & previous reports.

16. How should a pregnant mother keep her mind during the last trimester?
    a) Fear and anxious about the outcome of the labor
    b) Happy and cheerful
    c) Worry about uncertainty
    d) Tense and confuse about labour process.

17. When does labour normally start?
    a) After 9^{th} month
    b) In the 9^{th} month
    c) Exactly on the EDD date
    d) In the 10^{th} month.

18. Where does labour pain start?
    a) All over the abdomen
    b) Abdomen, back and neck
    c) Abdomen or radiating towards the thigh
    d) Abdomen and legs

19. How will you know that true labour has started?
    a) Pink mucoid discharge
    b) Pain all over the abdomen
    c) Pain in the abdomen and vomiting
    d) Bleeding vaginally.

20. What process takes place in the first stage of labour?
    a) Baby is born
    b) Pain occurs and the cervix dilates fully.
    c) Pain decreases
    d) Placenta is delivered

21. What process takes place in the second stage of labour?
    a) Baby is born
    b) Pain occurs and the cervix dilates
    c) Pain decreases
    d) Placenta is delivered

22. What happens in the third stage of labour?

a) Uterus contracts and dilates

b) Placenta and membranes are delivered

c) Baby is born

d) labour process is completed

23. What is the treatment for flat nipple?

a) By doing surgery

b)By performing Exercise

c) By gently massaging, pulling & rolling nipple with clean hands

d) By taking tablets

24. How should a pregnant mother breathe during the first stage of labour?

a) Shallow fast breathing

b) Slow deep breathing

c) Fast deep breathing

d) Slow shallow breaths

25. How a pregnant mother backache can be relieved during labour?

a) By massaging the back

b) By doing leg exercise

c) By doing breathing exercise

d) By performing shoulder exercise

26. What are the physical activity a pregnant mother can do to relief pain during first stage of labour?

a) Walking

b) Changing position

c) Pelvic rocking

d) All the above

27. What are the ways a pregnant mother can keep her mind relaxed and stress free during labour?

a) Think about the baby and the outcome
b) Think about the care of the newborn
c) Think about how painful the delivery of the baby will be
d) Think about favourate objects, persons or places

28. What type of diet a pregnant mother can have during labour?

a) Take normal diet
b) Take semi solid diet
c) Take fluids in between contractions

29. What are the measures to prevent constipation during pregnancy?

a) Avoid eating too much of food
b) Do minimal exercise
c) Take plenty of oral fluids, vegetables and fruits
d) Take laxatives.

30. How should a pregnant mother bear down during labour?

a) Hold the breath and push
b) Take a deep breath, say “Haah” and push
c) Take ordinary breaths and push
d) Take fast breaths and push.

SECTION C – ATTITUDE SCALE.

Make a tick mark indicating your opinion about the following statements.

S.No.	Statement	Strongly Agree	Agree	Disagree
1.	Child birth preparation is important to have a healthy baby.			
2.	Inadeqate knowledge about labour increases fear and anxiety.			
3.	Giving birth to a baby is a very difficult process			
4.	Special care is not needed during pregnancy as it is a natural process.			
5.	Pregnant mother should eat less in the last trimester.			
6.	Fetal movements is an indication for fetal well being.			
7.	Anybody can conduct delivery.			
8.	It is good to include the partner and the family in childbirth preparation.			
9.	Buying baby clothes before delivery is not good.			
10.	Thinking of pleasant incidents help in reducing labour pains.			

APPENDIX – IX

வடிவமைக்கப்பட்ட பேட்டி காணும் அட்டவணை

பிரிவு ___அ :தாய்மார்களின் சுயவிவரம்

தாய்மார்களைப் பற்றிய தகவல்கள் கீழ்க்கண்டவற்றில் உள்ள கேள்விகளில் உங்களது விபரங்களை இந்த குறியீட்டில் குறிக்கவும். ☐

1. தாயின் வயது
   - அ) 20 வயதுக்குள்
   - ஆ) 21-25 வயதுக்குள்
   - இ) 26-30 வயதுக்குள்
   - ஈ) 31 வயதுக்கு மேல்

2. கல்வித் தகுதி
   - அ) படிக்கவில்லை
   - ஆ) ஆரம்பப்பள்ளி
   - இ) உயர்நிலைப்பள்ளி (10ஆம் வகுப்பு)
   - ஈ) மேல்நிலைப் பள்ளி (12 ஆம் வகுப்பு) & மற்றவை

3. குடும்பம் வகை
   - அ) தனிக்குடும்பம்
   - ஆ) கூட்டுக்குடும்பம்
   - இ) கைவிடப்பட்டவர்
   - ஈ) விதவை

4. மதம்
   - அ) இந்து
   - ஆ) முஸ்லீம்
   - இ) கிறிஸ்தவம்
   - ஈ) மற்றவை

5. வேலை

அ) இல்லத்தரசி

ஆ) கூலி

இ) முன்னனுபவ தொழிலாளி

ஈ) தொழில்சார்ந்த

6. எத்தனைமுறை கர்ப்பகால பரிசோதனை செய்துள்ளீர்கள்?

அ) முதல்முறை

ஆ) 2-4 முறை

இ) 5-6 முறை

ஈ) 6 முறைக்கு மேல்

7. பிரசவத்திற்கு தயாராகுதலைக் குறித்து முன்அறிவு இருக்கிறதா?

"ஆம்" என்றால் பிரசவத்திற்கு தயாராகுதலைக் குறித்து கூறியது யார்?

அ) நலவாழ்வுப் பணியாளர்கள

ஆ) நண்பர்கள் மற்றும் குடும்பத்தினர்

இ) தகவல் தொடர்பு சாதனங்கள்

ஈ) இதர

பகுதி -ஆ : பிரசவத்திற்கு தயாராகுதலைக் குறித்தான தாய்மார்களின் அறிவு திறனை சோதிக்கும் வினா நிரல்

குறிப்பு :-கீழ்க்கண்ட வினா-விடைகளை கவனமாகப் படிக்கவும் மற்றும் வினாவிற்கான சரியான விடையை சரி (✓) குறியிட்டுக் குறிக்கவும்.

1. பிரசவத்திற்கு தயாராகுதல் என்றால் என்ன?
   அ) ஒரு தாய் பிரசவத்திற்காக ஆயத்தப்படுதல்
   ஆ) பிரசவத்தைக் குறித்து செய்திகள் சேகரித்தல்
   இ) பிரசவத்திற்கு பின் கவனிப்பைக் குறித்து தெரிந்துகொள்ளுதல்
   ஈ) பிரசவத்திற்கு குழந்தையை தயார் செய்தல்

2. பிரசவசத்திற்கு யார் எல்லாம் தயாராக வேண்டும்?
   அ) தாய்
   ஆ) தாயும் தந்தையும்
   இ) தாய், தந்தை மற்றும் குடும்பத்தினர்
   ஈ) தாயும் குழந்தையும்

3. பிரசவத்திற்கு தயாராகுதல் ஏன் மிகவும் முக்கியமானது?
   அ) தாய்க்கு நோய் வராமல் தடுக்க
   ஆ) குழந்தைக்கு நோய் வராமல் தடுக்க
   இ) பிரசவத்தை குறித்த பயத்தை நீக்க
   ஈ) குழந்தைகயின் வளர்ச்சியை கண்காணிக்க

4. கர்ப்ப காலத்தின் இறுதி மாதங்களில் எப்போதெல்லாம் பரிசோதனைக்கு வர வேண்டும்?
   அ) தினமும்
   ஆ) வாரத்திற்கு ஒரு முறை
   இ) வாரத்திற்கு இரண்டு முறை
   ஈ) மாதத்திற்கு ஒரு முறை

5. கர்ப்ப காலத்தில் இறுதி மாதங்களில் எவ்வகையான உணவுகளை உண்ண வேண்டும்?

அ) அதிக கலோரிகள் நிறைந்த உணவு

ஆ) இரும்புச்சத்து மற்றும் புரதச் சத்து நிறைந்த உணவு

இ) கொழுப்புச் சத்து நிறைந்த உணவு

ஈ) உப்பு இல்லாத உணவு

6. கருவில் இருக்கும் உங்கள் குழந்தை நலமாக உள்ளது என்பதை நீங்கள் எப்படி தெரிந்துக் கொள்ளலாம்?

அ) எக்ஸ்ரே எடுப்பதன் மூலமாக

ஆ) இரத்தப் பரிசோதனை செய்வதன் மூலமாக

இ) குழந்தைகயின் அசைவை உணர்வதன் மூலமாக

ஈ) வயிறு பெரிதாவதின் மூலமாக

7. கருவில் இருக்கும் குழந்தை 12 மணி நேரத்தில் குறைந்தது எத்தனை முறை அசைய வேண்டும்?

அ) 5

ஆ) 10

இ) 15

ஈ) 20

8. குழந்தையின் அசைவு தெரியவில்லை என்றால் நீங்கள் என்ன செய்ய வேண்டும்?

அ) மாத்திரைகள் எடுக்க வேண்டும்

ஆ) இரண்டு நாட்களுக்கு குழந்தையின் அசைவை கவனிக்க வேண்டும்

இ) உடனே மருத்துவரை அணுக வேண்டும்

ஈ) வீட்டில் கஷாயங்கள் வைத்து குடிக்கலாம்

9. கர்ப்பிணித் தாய்மார்கள் தூங்கும்போது எப்படி படுத்து தூங்க வேண்டும்?

அ) நேராக படுத்து கால்களை உயர்த்தி வைத்து

ஆ) குப்புறப்படுத்து, தலையணை வைத்து

இ) நேராக படுத்து கால்களை கீழே வைத்து

ஈ) இடதுப் பக்கமாக திரும்பி, கால்களுக்கு இடையில் தலையணை வைத்து

10. கர்ப்ப காலத்தில் எந்தவிதமான உடைகளை அணிய வேண்டும்?

அ) தளர்வான நைலான் ஆடைகள்

ஆ) தளர்வான பருத்தி ஆடைகள்

இ) இறுக்கமான நைலான் ஆடைகள்

ஈ) இறுக்கமான பருத்தி ஆடைகள்

11. கர்ப்பக்காலத்தின் இறுதி மாதங்களில் கீழ்கொடுக்கப்பட்டுள்ளவற்றுள் எவற்றை தவிர்க்க வேண்டும்

அ) குடும்ப நிகழ்ச்சிகள்

ஆ) நெடுந்தூர பயணம்

இ) பொது நிகழ்ச்சிகள்

ஈ) வீட்டு வேலை செய்வது

12. சுகப்பிரசவத்தில் எத்தனை நிலைகள் உள்ளன?

அ) 1

ஆ) 2

இ) 3

ஈ) 4

13. பிரசவத்திற்கு தேவையானபொருட்களை எப்போது எடுத்து வைக்க வேண்டும்?

அ) ஒன்பதாவது மாதத்தில்

ஆ) வலி ஆரம்பிக்கும் போது

இ) பிரசவ தேதிக்கு ஒரு நாள் முன்பாக

ஈ) மருத்துவ மனைக்கு அனுமதிக்கப்பட்ட பின்

14. பிரசவத்திற்காக கர்ப்பினிப்பெண்கள் என்ன பொருட்களை தயாராக வைக்க வேண்டும்?

அ) துணிகள், துண்டு துணிகள்

ஆ) தாய்க்கும் குழந்தைக்கும் தேவையான துணிகள்

இ) மாதவிடாய் பேட்கள், உள்ளாடைகள்

ஈ) மேற்கூறிய அனைத்தும்.

15. மருத்தவ மனைக்கு வரும்போது எந்தப் பொருட்களை எடுத்து வர வேண்டும்?

அ) பணமும் பரிசோதனை அட்டைகளும்

ஆ)எடுத்துவைத்த பொருட்கள், பணம், பரிசோதனை அட்டை

இ)எடுத்துவைத்த பொருட்கள், பணம்

ஈ)பரிசோதனை அட்டை

16. கர்ப்ப காலத்தில் இறுதி மாதங்களில் கர்ப்பிணிதாய்மார்கள் தங்களின் மனதை எவ்வாறு வைத்துக் கொள்ள வேண்டும்?

அ) பயத்துடன் இருக்க வேண்டும்

ஆ) சந்தோஷமும் மகிழ்ச்சியுமாக

இ) கவலையாக

ஈ) மன அழுத்தத்துடன் மற்றும் குழப்பத்துடன்

17. சுகப்பிரசவ வலி எப்போது ஆரம்பமாகும்?

அ) 9 மாத்திற்கு பிறகு

ஆ) 9வது மாதத்தில்

இ) சரியாக குறிப்பிட்ட தேதியில்

ஈ) 7வது மாதத்தில்

18. சுகபிரசவ வலி உடலின் எந்தப் பகுதியில் ஆரம்பமாகும்?

அ) வயிற்றுப்பகுதி முழுவதும்

ஆ) வயிறு, முதுகு மற்றும் கழுத்துப் பகுதி

இ) அடிவயிறு மற்றும் இடுப்புப்பகுதி

ஈ) வயிற்றிலும், கால்களிலும்.

19. பிரசவம் ஆரம்பித்தவிட்டது என்பதை எப்படி தெரிந்து கொள்ளலாம்?

அ) வெள்ளைபடுதல், அடிவயிறு வலித்தல் மற்றும் தண்ணீர் படுதல்

ஆ) வயிற்றுப் பகுதி முழுவதும் வலித்தல்

இ) வயிறு வலித்தல் மற்றும் வாந்தி எடுத்தல்

ஈ) இரத்தப்போக்கு ஏற்படல்

20. பிரசவத்தின் முதலாவது நிலையில் என்ன நடக்கிறது?

அ) குழந்தை பிறக்கும்

ஆ) வலி ஏற்பட்டு கர்ப்பப்பை வாய் திறக்கும்

இ) வலி குறையும்

ஈ) நஞ்சு வெளிவரும்

21. பிரசவத்தின் இரண்டாம் நிலையில் என்ன நடக்கிறது?

அ) குழந்தை பிறக்கும்

ஆ) வலி ஏற்பட்டு கர்ப்பப்பை வாய் திறக்கும்

இ) வலி குறையும்

ஈ) நஞ்சு வெளிவரும்

22. பிரசவத்தின் மூன்றாம் நிலையில் என்ன நடக்கிறது?

அ) கர்ப்பப்பை சுருங்கி விரியும்.

ஆ) நஞ்சு மற்றும் கொடி வெளியே எடுக்கப்படும்

இ) குழந்தை பிறக்கும்.

ஈ) பிரசவ நிலை முடிதல்

23. தட்டையான மார்காம்புக்கு என்ன சிகிச்சை செய்ய வேண்டும்?

அ) அறுவை சிகிச்சை

ஆ) பயிற்சி செய்யலாம்

இ) சுத்தமான கைகளால் மார்க்காம்புகளை மென்மையாக தடவுதல்

இ முத்தல்

ஈ) மாத்திரைகளை எடுக்க வேண்டும்

24. பிரசவத்தின் போது முதல் நிலையில் வலி ஏற்படும் போது எவ்வாறு மூச்சு விட வேண்டும்?

அ) வேகமான மேலோட்டமான மூச்சுகள்

ஆ) மெதுவான ஆழமான மூச்சு

இ) வேகமான ஆழமான மூச்சு

ஈ) மெதுவான மேலோட்டமான மூச்சு

25. கர்ப்ப காலத்தின் இடுப்பு வலி வந்தால் என்ன செய்வீர்கள்?

அ) தடவிக் கொடுத்தல்

ஆ) கால் பயிற்சி

இ) மூச்சு பயிற்சி

ஈ) தசை பயிற்சி

26. பிரசவத்தின் போது முதல் நிலையில் வலி ஏற்படும் போது எவ்வாறு உடற்பயிற்சி செய்ய வேண்டும்?

அ) நடத்தல்

ஆ) நிலை மாற்றுதல்

இ) இடுப்பு பயிற்சி

ஈ) இவையெல்லாம்

27. பிரசவத்தின் போது எவ்வகையான எண்ணங்கள் ஒரு கர்ப்பணிதாய்மார்களுக்கு ஏற்பட வேண்டும்?

அ) பிரசவிப்பதை குறித்த கவலை

ஆ) குழந்தையின் பாதுகாப்பு பற்றி எண்ணம்

இ) பிரசவத்திற்கு பின் கவனிப்பைக் குறித்து எண்ணம்

ஈ) தங்களுக்கு பிரியமான பொருள்கள் நபர்கள் இடங்கள் பற்றிய எண்ணம்.

28. முதல் நிலை பிரசவகாலத்தின் போது நடப்பதால் என்ன நன்மைகள் ஏற்படும்?

அ) மனதை அமைதியாக வைக்க உதவும்

ஆ) குழந்தையின் அனசவை அதிகபடுத்தும்

இ) ஈர்ப்பு விசையின் காரணமாக பிரசவகாலம் குறையும்

ஈ) பிரசவகாலம் குறையும்

29. கர்ப்ப காலத்தின் போது ஏற்படும் மலச்சிக்கலை தவிர்ப்பது எப்படி?

அ) அதிகமான உணவு பண்டங்களை உட்கொள்ளாதிருத்தல்

ஆ) மிதமான உடற்பயிற்சியினை மேற்கொள்ளல்

இ) அதிகமான நீர் ஆகாரம் மற்றும் காய்கறிகளை எடுத்துக் கொள்ளல்

ஈ) மருந்துகளை எடுத்துக் கொள்ளல்

30. பிரசவத்தின் இரண்டாம் நிலையில் எவ்வாறு முக்க வேண்டும்?

அ) தம் கட்டி முக்க வேண்டும்

ஆ) ஆழமான மூச்செடுத்து "ஹா" என கூறி முக்க வேண்டும்

இ) சாதாரணமாக மூச்செடுத்து முக்க வேண்டும்

ஈ) வேகமாக மூச்செடுத்து முக்க வேண்டும்.

பிரிவு - இ - நோக்க அளவீடு

கீழ்காணும் வாங்கியங்களை படித்து உங்கள் கருத்தை தெரிவுக்கும் வண்ணமாக, பொருத்தமான கட்டத்துள் சரி (✓)என குறிக்கவும்

வ . எண்	வாக்கியம்	மனப்பூர்வமாக ஒத்துக் கொள்கிறேன்	ஒத்துக் கொள்கிறேன்	மறுக்கி-றேன்
1.	பிரசவசத்திற்கு தயாராகுதல் ஒரு ஆரோக்கியமான குழந்தையை பெற்றெடுக்க மிகவும் அவசியமாகும்			
2.	பிரசவத்தைக் குறித்து சரியாக அறியவில்லை என்றால் நம் பயம் அதிகரிக்கும்			
3.	ஒரு குழந்தையைப் பெற்றெடுப்பது மிகவும் கடினமான ஒரு நிகழ்வு			
4.	குழந்தையைப் பேறு ஒரு இயற்கையான நிகழ்வு என்பதால் விசேஷித்த கவனிப்பு தேவையில்லை			
5.	கருவுற்றத் தாய், இறுதி மாதங்களில் மிகக் குறைவாக உண்ண வேண்டும்			
6.	குழந்தை நன்றாக அசைந்தால் ஆரோக்கியமாக இருக்கிறது என்பது அர்த்தம்			
7.	பிரசவத்தை யார் வேண்டும் என்றாலும் நடத்தலாம்			

8.	பிரசவத்திற்கு தயாராகும் போது கணவரையும் குடும்பத்தினரையும் சேர்த்துக் கொள்ளுதல் நல்லது			
9.	பிரசவத்திற்கு முன்பாக குழந்தைக்கு துணிகள் எடுப்பது நல்லதல்ல			
10.	பிரசவ வலியின் போது உங்களுக்குப் பிடித்தமான நிகழ்வுகளை நினைத்தால் பிரசவவலி குறையும்			

APPENDIX – X

SCORING KEY-A

QUESTIONNAIRE ON KNOWLEDGE

Question No:	Answer	Question No:	Answer
1.	A	16.	B
2.	C	17.	A
3.	C	18.	C
4.	B	19.	A
5.	B	20.	B
6.	C	21.	A
7.	B	22.	B
8.	C	23.	C
9.	D	24.	B
10.	B	25.	A
11.	B	26.	D
12.	A	27.	D
13.	A	28.	C
14.	D	29.	C
15.	B	30.	B

SCORING KEY-B

ATTITUDE SCALE

S.No.	Strongly Agree	Agree	Disagree
1.	3	2	1
2.	3	2	1
3.	1	2	3
4.	1	2	3
5.	1	2	3
6.	3	2	1
7.	1	2	3
8.	3	2	1
9.	1	2	3
10.	3	2	1

APPENDIX XI

LESSON PLAN IN ENGLISH

SNO	Specific Objective	Content	AV Aids
1	The mother will be able To define the meaning of Child birth preparation	**INTRODUCTION** Hello, I am Mrs.Bendangnaro, pursuing Msc (Nursing)-II year from the Sakthi College of Nursing. I am going to explain to you in detail about childbirth preparation. **DEFINITION** Child birth preparation is defined as the provision of information and support to facilitate child birth and enhance an individual ability to develop and perform parental role.	V I D E O S H
2	State the aim of child birth preparation	**AIMS** ▪ The central goal of childbirth preparation is the reduction of anxiety and fear. ▪ The aim of child birth preparation is to break the fear tension-pain cycle through education. ▪ To enable the mothers to have a good and positive child birth experience. ▪ To reduce complications.	O W
3	List down the components of child birth preparation	**COMPONENTS** ▪ Maternal nutrition ▪ General care- clothing, travel, rest, activity, antenatal visits, and fetal monitoring. ▪ Preparation for delivery. ▪ Onset of labor and normal physiology of labor. ▪ Relaxation and breathing exercise during labor. ▪ Physical and psychological preparation.	

Time	Specific Objective	Content	AV Aids
4	Explain about nutrition during last trimester	**IMPORTANT NUTRIENTS** ▪ Protein for tissue growth, high protein diet includes pulses, dhal varieties, fish, meat, egg etc. ▪ Iron for blood cell development, iron rich diet includes dates, jiggery, green leafy vegetables, liver, organ meat etc. ▪ Calcium for bone growth and strength, calcium rich foods include milk, ragi, sprouted grains, fish etc. One should remember that quality is more important than the quantity.	V I D E O S H O
5	Brief on the general care measures to be taken during the last trimester	**GENERAL MEASURES** ▪ Sleep in left lateral position with extra pillows. ▪ Rest with legs elevated on pillows. ▪ Sleep for 8hrs at night and 2hrs during the day. ▪ Wear loose fitting cotton clothes. ▪ Maintain good personal hygiene. ▪ Avoid long travel on bumpy roads. ▪ Antenatal visits twice a month in the 7^{th} and 8^{th} month and once a week in the last month. ▪ Bring the antenatal card and all the reports during the visits. ▪ Monitor fetal movement daily using kick count. ▪ Report immediately if there is less than 10 counts per day or no counts for 3 hrs. ▪ You should plan to have delivery in an institution by trained personnel only.	W

Time	Specific Objective	Content	AV Aids
6	Explain about preparation for labor	**PREPARATION FOR LABOUR** ▪ Labor starts by any time after 37 weeks. ▪ Keep all articles ready in a separate bag in the ninth month itself. ➢ Clothes for the mother. ➢ Clothes for the baby. ➢ Things to meet hygiene needs. ➢ Sanitary pads. ➢ Antenatal records and reports. ➢ Necessary amount of money.	V I D E O S H O W
7	Describe about the onset and physiology of normal labor	**ONSET OF LABOUR** ▪ Lightening occurs in the last week of pregnancy. Lightening is the process by which the fetal head descend and sinks to the lower uterine segment. ▪ Onset of labor occurs anytime between 37 to 42 weeks of gestation. THREE CARDINAL SIGNS OF ONSET OF LABOUR ▪ **Contraction and Retraction** of the uterine muscles manifested as regular, intermittent pains of intensity and frequency as the contraction progress. Pain is felt in the lower abdomen radiating to the lower back and thighs. ▪ **Show –** blood stained mucus discharge through the vagina usually pink or red in color. ▪ **Rupture of membranes-** sudden gush of fluid through the birth canal as the amniotic sac ruptures. If any of these occurs immediately report to the healthcare facility with the articles you have kept ready for labor.	

Time	Specific Objective	Content	AV Aids
8	Demonstrate the usage of relaxation techniques during labor	**PHYSIOLOGY OF LABOUR** Labour occurs at four stages, they are ▪ **First stage-** contractions of the uterus with progressive dilatation of the cervix until full dilatation is achieved. It takes 12hrs in a mother who is delivering for the first time. ▪ **Second stage-** from full dilatation to the birth of the baby. The baby is born in this stage. It takes about 2 hrs in a mother who is delivering for the first time. ▪ **Third stage-** from the birth of the baby to the delivery of the placenta and membranes. It takes around 15 minutes. ▪ **Fourth stage-** first hour after birth when constant monitoring is required. **RELAXATION DURING LABOUR** **During first stage** o **Conscious and controlled breathing-** during contractions take fast and shallow breaths at a rate of 30-40 per minute. o **Effleurage –** use finger tips to make slight circular movements over the abdomen. o **Focused imagery-** think and focus on favorite objects, persons or places. o **Massage-**gentle massages can reduce the pain, having your partner rub your feet or massage your hands or temples can distract you, relax you, and generally make you feel cared for, which is a major morale boost. o **Moving around-** Walking, swaying, changing positions, and rolling on a birthing ball can not only ease the pain but can help your labor progress by using the force of gravity to your advantage and encouraging the movement and rotation of the baby down through the pelvic canal. o In a hospital setting, being hooked up to fetal monitors, IVs, and pain medicine can limit your walking, but you can still try positions like hands and knees in the bed or standing, squatting, or sitting by the side of the bed.	V I D E O S H O W

9	Narrate on the physical and psychological preparation for labor	o **Music therapy:** Listening to music that the mother prefers **During second stage** o Take a deep breath and with the mouth open and make a 'haa' sound and bear down pushing through the lower passages. **PHYSICAL PREPARATION** ▪ **Care of the breast-** if the nipples are anatomically normal, nothing is to be done beyond ordinary cleanliness. If the nipples are retracted, correction is to be done in the later months by manipulation. ▪ **Bowel –**there is a tendency of constipation during pregnancy. Regular bowel movement is facilitated by regulation of diet taking plenty of oral fluids, vegetables and milk. **PSYCHOLOGICAL PREPARATION** ▪ Keep your mind relaxed. ▪ Avoid problems and incidents that may cause stress. ▪ Avoid reading or watching horror stories. ▪ Visit favorite places and social gatherings ▪ Involve the family members in preparing for labor ▪ Share your concerns with a close friend or relative.	

APPENDIX-XII

TAMIL LESSON PLAN

பாடத்திட்டம்

பாடத்திட்டம்

தலைப்பு	: பிரசவத்திற்கு தயாராகுதல
குழு	: கர்ப்பக் காலத்தின் இறுதி மூன்று மாதங்களில் இருக்கும் முதல் முறையாக கருத்தரித்த தாய்மார்கள்
இடம்	: மகப்பேறு மருத்துவப் பிரிவு, கிறிஸ்தவ ஐக்கிய மருத்துவ மனை, ஒட்டன்சத்திரம்.
நேரம்	: 30 நிமிடங்கள்
கற்பிக்கும் முறை	: ஒலி ஒளி நாடா விளக்கவுரை
கற்பிக்க உதவும் உபகரணஙற்கள்	: தொலைக்காட்சிப் பெட்டி ஒலி ஒளிப் பேழை, டி.வி.டி. பிளேயர்
விளக்கமளிப்பவர்	: ஆய்வாளர்

பொதுவான நோக்கம் : வகுப்பின் இறுதியில் தாய்மர்கள் அனைவரும் பிரசவத்திற்கு தயாராகுதலை பற்றி ஆழமான அறிவுத் திறனும் மனநிலையும் பெறுவார்கள்

குறிப்பான நோக்கம் : வகுப்பின் இறுதியில் தாய்மார்கள் அனைவருக்கும் கிடைக்கும் ஆற்றலாவது :

- பிரசவத்திற்கு தயாராகுதலை குறித்து வரையறுத்தல்
- பிரசவத்திற்கு தயாராகுதலுக்கான நோக்கத்தை எடுத்துரைத்தல்
- பிரசவத்திற்கு தயாராகதலுக்கான குறிப்புகளை பட்டியலிடுதல்
- கர்ப்ப காலத்தின் இறுதி மூன்று மாதங்களில் தேவையான ஊட்டச் சத்து உணவு வகைகளை விளக்குதல்
-கர்ப்ப காலத்தின் இறுதி மூன்று மாதங்கில் கடைபிடிக்க வேண்டிய பொதுவான கவணிப்பு முறைகளை எடுத்துரைத்தல்
- பிரசவத்திற்கு ஆயதமாகுதலை குறித்து விரிவரைத்தல்
- பிரசவத்தின் ஆரம்பநிலை மற்றும் வழிமுறையை விவரித்தல்
- பிரசவத்தின் போது செய்ய வேண்டிய தளர்நிலை பயிற்சிகளை விளக்குதல்
- பிரசவதிற்கு மனதளவில் தயாராகுதலை குறித்து எடுத்துரைத்தல்

வ. எண்	குறிப்பான நோக்கம்	பொருளடகக்கம்	கற்பித்தல் - கற்றல் செயல்பாடு
	வகுப்பின் இறுதியில் தாய்மார்கள் அனைவருக்கும் கிடைக்கும் ஆற்றலாவது: பிரசவத்திற்கு தயாராகுதலைக் குறித்து வரையறுத்தல்	நான் திருமதி. பென்டங்நேரோ எம்.எஸ்.சி, நர்ஸிங் இரண்டாவது வருடம் சக்தி நர்சிங் காலேஜிலிருந்து வருகிறேன். இப்பொழுது பிரசவத்திற்கு தயாரகுதலைப் பற்றி விளக்கமாக கற்பித்து கொடுக்கப்போகிறேன். ”பிரசவத்திற்கு தயாராகுதல்” என்பது, சரியான தகவல்களையும் ஆதரவையும் கொடுத்து, குழந்தைப் பிறப்பிற்குத் தேவையான ஆற்றலை முதன்முறையாகப் பிரசவிக்கவிருக்கும் கர்ப்பினிகள் பெற பக்குவப்படுத்தும் முயற்சியாகும். ”பிரசவத்திற்கு தயாராகுதலின்” முக்கிய நோக்கம் சரியான	ஓளி.....ஒலி பேழை மூலம் விளக்குதல்

	பிரசவத்திற்கு தயாராகுதலுக்கான நோக்கத்தை எடுத்துரைத்தல்	தகவல் கொடுத்து அதன் மூலமாக ஒரு கர்ப்பிணியின் பயத்தை போக்குவதாகும். இவ்வாறு கற்பித்தல் மூலமாக ”பயம் - மன உளைச்சல் - வலி” என்கின்ற சங்கிலியை உடைத்து, ஒரு நலமான குழந்தைபிறப்பு அனுபவத்தை கர்ப்பிணிப்பெண்ணிற்கு எற்படுத்திக் கொடுத்தலே பிரசவத்திற்கு தயாராகுதலின் முக்கிய குறிக்கோள் ஆகும். மேலும் இதன்மூலம் பிரசவத்தினால் ஏற்படக்கூடிய பின்விளைவுகளை குறைக்க முடியும்.	ஒளி.....ஒலி பேழைமூலம் விளக்குதல்
	பிரசவத்திற்கு தயாராகுதலுக்கான குறிப்புகளை பட்டியலிடுதல்	பிரசவத்திற்கு தயாராகுதலுக்கான குறிப்புகள் -தாய்க்கு தேவையான ஊட்டச்சத்து உணவு -பொதுவான பராமரிப்பு-உடை, போக்குவரத்து, ஓய்வு, பயிற்சிகள், கர்ப்பகால பரிசோதனை மற்றும் குழந்தையின் அசைவை கண்காணித்தல் -பிரசவத்திற்கு ஆயத்தப்படுதல்	ஒளி.....ஒலி பேழைமூலம் விளக்குதல்

	கர்ப்பாலத்தின் இறுதி மூன்று மாதங்களில் தேவையான ஊட்டச்சத்து உணவு வகைகளை விளக்குதல்	-சுகப்பிரசவத்தின் ஆரம்பநிலை மற்றும் வழிமுறை -பிரசவத்தின்போது செய்யவேண்டிய தளர்நிலை மற்றும் மூச்சுபயிற்சிகள். - உடலளவிலும், மனதளவிலும் தயார் செய்தல் முக்கிய ஊட்டச்சத்து உணவு வகைகள்: -திசு வளர்ச்சிக்காக புரதச்சத்து தேவை. இச்சத்து பருப்பு வகைகள், பயிறு வகைகள், மீன், இறைச்சி, முட்டை ஆகியவற்றில் உள்ளன. -இரத்த அணு உற்பத்திக்காக இரும்புச் சத்து தேவை. இது பேரிச்சம்பழம், பனை வெல்லம், பச்சை காய்கறிகள், மற்றம் ஈரல் வகைகளில் உள்ளது. -சுண்ணாம்புச் சத்து எலும்பு வளர்ச்சிக்கும் வலிமைக்கும் தேவை. சுண்ணாம்புச் சத்து நிறைந்த உணவுகளாவன:	ஒளி.....ஒலி பேழைமூலம் விளக்குதல்

	கர்ப்பாலத்தின் இறுதி மூன்று மாதங்களில் கடைப்பிடிக்க வேண்டிய பொதுவான கவனிப்பு முறைகளை எடுத்துரைத்தல்	பால், மீன், கேழ்வரகு மற்றும் முளைக்கட்டிய தானியங்களில் உள்ளது. உணவின் அளவைவிட ஊட்டச்சத்துத் தன்மையே முக்கியமானது. பொதுவான கவனிப்பு முறைகள்: -துாங்கும்போது எப்பொழுதும் இடதுபுறமாக படுக்க வேண்டும் தலையணைகள் அதிகமாக பயன்படுத்திக்கொள்ளலாம். -ஓய்வு எடுக்கும்போது கால்களை தலையணையின் மீது உயர்த்தி வைத்தல் அவசியம். -குறைந்தபட்சம் இரவில் 8 மணி நேரமும் பகலில் 2 மணி நேரமும் துாங்கவேண்டும். -தளர்வான பருத்தியாலான ஆடைகளை உடுத்திக்கொள்வது நல்லது சுய சுத்தத்தை நன்கு	ஒளி ..... ஒலி பேழை மூலம் விளக்குதல்

		பராமரித்தல் மிகமிக முக்கியமானது. -மேடு பள்ளமான சாலைகளில் நெடுதூர பயணம் செய்வதை தவிர்க்க வேண்டும். -7வது மற்றும் 8வது மாதத்தில் இரண்டு வாரத்திற்கு ஒரு முறையும், முறையான பரிசோதனை செய்துகொள்ள வேண்டும். -பரிசே சாதனைக்கு வரும்போது தவறாமல் கர்ப்பகால பராமரிப்பு அட்டையையும் பரிசோதனை குறிப்புகளையும் எடுத்து வரவேண்டும். -தினமும் குழந்தையின் அசைவை கண்காணித்தல் மிகமிக இன்றியமையாதது. -குழந்தையின் அசைவு ஒரு நாளில் 10 முறைக்கு குறைந்தாலோ அல்லது 3 மணிநேரத்திற்கு ஒரு முறைக்கூட குழந்தை அசையவில்லை என்றாலோ உடனடியான மருத்துவரை அணுகவேண்டும்.	

	பிரசவத்திற்கு ஆயத்தமாகுதலைக் குறித்து விரிவுரைத்தல்	-பிரசவத்தை மருத்துவமனையிலோ, ஆரம்ப சுகாதார நிலையத்திலோ பயிற்றுவிக்கப்பட்ட நபர் மூலமாக நடத்தப்பட திட்டமிடவேண்டும். பிரசவத்திற்கு ஆயத்தப்படுதல் -பிரசவத்தை 37 வாரத்திற்கு பின் எப்பொழுது வேண்டுமானாலும் நீங்கள் எதிர்பார்க்கலாம். -பிரசவத்திற்கு தேவையான எல்லாப் பொருட்களையும் ஒன்பதாவது மாதத்திலேயே ஒரு பையில் தயார்நிலையில் எடுத்து வைத்துக்கொள்ளவேண்டும். தேவையான பொருட்கள் -தாய்க்கு தேவையான துணிகள் -குழந்தைக்கு தேவையான துணிகள்	ஓளி ..... ஒலி பேழை மூலம் விளக்குதல்

		-சுகாதாரத்திற்கு தேவையான பொருட்கள் -மாதவிடாய் துணிகள் -கர்ப்பக்கால பராமரிப்பு அட்டை மற்றும் பரிசோதனை குறிப்புகள். -தேவையான அளவு பணம். -கர்ப்பக்காலத்தின் இறுதி வாரத்தில் குழந்தையின் தலைப்பகுதி கீழே இறங்குவதால் கர்ப்பபையின் கீழ்ப்பகுதி விரிவடையும். -பிரசவம் 37 முதல் 42 வாரங்களில் எப்பொழுது வேண்டுமானாலும் ஏற்படலாம். பிரசவம் ஆரம்பித்ததற்கான மூன்று முக்கிய அறிகுறிகள்:	

	பிரசவத்தின் ஆரம்ப நிலை மற்றும் வழிமுறையை விவரித்தல்	-கர்ப்பப்பை சுருங்கி விரிவததால் சீரான இடைவெளிவிட்டு வலி ஏற்படும். வலி அடிவயிற்றிலும் முதுகு பகுதியிலும் ஏற்பட்டு தொடைகளுக்கு பரவும். நேரம் ஆக ஆக வலியின் அளவு கூடும். -பிறப்புறுப்பின் வழியாக இரத்தம் சலந்த சளி போன்ற திரவம் வெளியேறும். -பனிகுடம் உடைந்த தண்ணீர் போன்ற திரவம் வெளியேறும். இம்மூன்று அறிகுறிகளில் ஏதேனும் ஒன்று ஏற்பட்டால் உடனடியாக பிரசவத்திற்காக ஆயத்தம் செய்யப்பட்ட பொருட்களுடன் மருத்துவமனைக்கோ ஆரம்ப சுகாதார நிலையத்திற்கோ விரைந்து செல்லவேண்டும். சுகப்பிரசவத்தின் நிலைகள் -சுகப்பிரசவம் 4 நிலைகளில் ஏற்படும். -முதல் நிலை - கர்பப்பை சுருங்கி விரிந்து, கர்ப்பபையின் வாய் திறக்கும். இது முதன்முறையாக பிரசவிக்கும்	ஒளி.....ஒலி பேழைமூலம் விளக்குதல்

		கர்ப்பிணிக்கு 12 மணிநேரம் வரை நீடிக்கலாம். -இரண்டாவது நிலை-கர்பப்பையின் வாய் திறந்த குழந்தை பிறக்கும். இந்நிலை 2 மணிநேரம் இருக்கலாம். -மூன்றாவது நிலை-நஞசும் கொடி வெளியேறும். நுிலை இது 15 நிமிடங்கள் மட்டுமே. -நான்காவது நிலை-குழந்தை பிறந்து 1 மணி நேரம், தாயையும், சேயும் தீவிரமாக கண்காணிக்கப்படுவார்கள். தளர்நிலை பயிற்சிகள்: பிரசவத்தின் முதல் நிலையில் : -சீரான முறையில் சுவாசப்பயிற்சி ___ வலி ஏற்படும்பொழுது ஒரு நிமிடத்திற்கு 30 முதல் 40 முறை வேகமாக சுவாசிக்க வேண்டும். -வருடிக்கொடுத்தல்-வலி ஏற்படும்பொழுது விரல்களால் வயிற்றுப்பகுதியை லேசாக வருடிக்கொடுக்க வேண்டும்.	

		குவனத்தை திசை திருப்புதல், வலி ஏற்படும்பொழுது பிடித்தமான பொருளையோ, நபரையோ, இடத்தையோ, இனிமையான நிகழ்வுகளையோ கற்பனை செய்ய வேண்டும். உங்கள் பாதங்களை, நெற்றியை மென்மையாக மசாஜ் செய்வதன் மூலம் உங்கள் மனநிலையை சீராகவும் கவனத்தை வலியிலுந்து திசை திருப்பவும் முடியும். -முன்பின்நகருதல்: நடத்தல்.	
	பிரசவத்தின்போது செய்ய வேண்டிய தளர்நிலை பயிற்சிகளை செய்து காட்டுதல்	ஊஞ்சலாடுதல், இருக்கைமுறையை மாற்றுதல் போன்றவை வலியைக் குறைப்பதோடு மட்டுமின்றி, புவியீர்ப்பு விசையினால், குழந்தை இடுப்புப் பகுதிக்குள் நுழைவதற்கு ஏதுவாய், பிரசவத்திலும் உதவுகிறது. மருத்துவ பிரிவில் இருக்கும்போது தொடர்ந்து செய்யப்படும் குழந்தை துடிப்பு	ஒளி.....ஒலி பேழைமூலம் விளக்குதல்

		கண்காணிப்பு, நரம்பு ஊசிகள் மற்றும் வலிக்கான மருந்துகள் தொடர்ந்து செலுத்துப்படுவதினால் மேற்கண்ட பயிற்சிகள் செய்ய இயலாது எனினும் படுக்கையில் இருந்தவாறே முட்டிகளை மடக்குதல், நீட்டுதல், உட்காருதல், போன்றவற்றை செய்தல் மிகவும் அவசியம். இசை சிகிச்சை / மருத்துவம் தாய்மார்களுக்கு பிடித்தமான மெல்லிய இசையைக் கேட்கலாம். இரண்டாவது நிலையில் - வலி ஏற்படும்பொழுது ஆழமான பெரிய மூச்சை உள்வாங்கி பின் மெதுவாக வாயைத் திறந்து ஹ என கீழ்நோக்கி குழந்தை வெளிவர முயற்சிக்க வேண்டும்.	

		உடல்ரீதியாக தயாராகுதல்: மார்பக பராமரிப்பு: மார்பக காம்புகள் இயல்பான அமைப்புகளில் எவ்வித மாற்றமமின்றி காணப்பட்டால் சாதாரண சுத்தமல செய்யும் முறையே போதுமானது. காம்புகள் உள்வாங்கி இருந்தால் அதனை கர்ப்பகால இறுதி மாதங்களில் அதை சரி செய்தல் அவசியம். முலக்குடல்: கர்ப்பகாலத்தில் எளிதில் மலச்சிக்கல் ஏற்படலாம் நிறைய நீர் ஆகாரங்கள் காய்கறிகள் மற்றும் பால் ஆகிய உணவு பொருட்களை அன்றாட உணவில் சேர்த்துக் கொள்வதனால் மலச்சிக்கலை தவிர்க்கலாம். முனதளவில் தயாராகுதல்: -மனதை எப்பொழுதும் சந்தோடிமாக வைத்துக்கொள்ள வேண்டும்.	

	பிரசவத்திற்கு உடல் மற்றும் மனதளவில் தயாராகுதலைக் குறித்து எடுத்துரைத்தல்.	-மன அழுத்தத்தைத் தரக்கூடிய நிகழ்வுகளை தவிர்க்க வேண்டும். -திகில் கதைகளை பார்க்கவோ படிக்கவோ கூடாது. -விருப்பமான இடங்களுக்கு சென்று வரலாம். -குடும்ப விழாக்களில் பங்குபெறலாம். -குடும்பத்தினரையும் பிரசவத்திற்கு தயாராகுதலில் சேர்த்துக்கொள்ள வேண்டும். -நீங்கள் நினைப்பதை, விரும்புவதை உங்களின் உறவினரிடமோ, நெருங்கிய நண்பரிடமோ பகிர்ந்து கொள்ளலாம்.	ஒளி.....ஒலி பேழைமூலம் விளக்குதல்

APPENDIX-XIII

PHOTOS

The investigator administering structured self-administered questionnaire

The investigator administering video assisted teaching